

Maryland's Results for Child Well-Being



State of Maryland
Children's Cabinet
and
Governor's Office for Children
2008

Martin O'Malley
Governor

Anthony G. Brown
Lieutenant Governor

Rosemary King Johnston
Executive Director

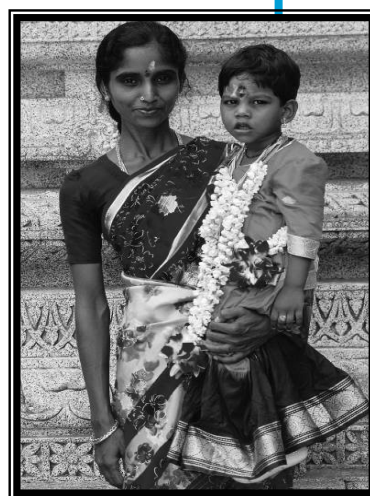
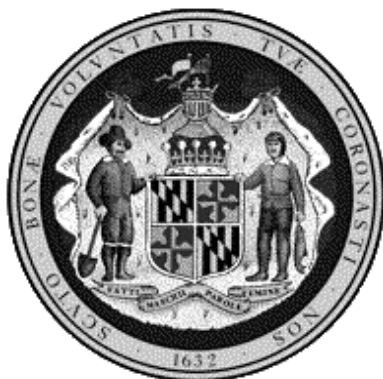
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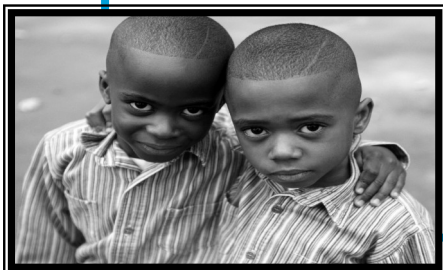


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Maryland Children's Cabinet and Governor's Office for Children

Vision

Children's Cabinet: All Maryland's children will be successful in life.

Governor's Office for Children: Maryland will achieve child well-being through interagency collaboration and state/local partnerships.

Mission

The Children's Cabinet, led by the Executive Director of the Governor's Office for Children (GOC), will work collaboratively to create and promote an integrated, community-based service delivery system for Maryland's children, youth, and families. Our mission is to improve the well-being of Maryland's children.

Children's Cabinet

Rosemary King Johnston, Executive Director (Chair)
Governor's Office for Children

T. Eloise Foster, Secretary
Department of Budget and Management

Catherine A. Raggio, Secretary
Department of Disabilities

John M. Colmers, Secretary
Department of Health and Mental Hygiene

Brenda Donald, Secretary
Department of Human Resources

Donald W. DeVore, Secretary
Department of Juvenile Services

Nancy S. Grasmick, State Superintendent of Schools
Maryland State Department of Education

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Note: Data used in this report are analyzed at the State and jurisdictional levels, but data included in this publication is mainly State data. Jurisdictional data is available at www.goc.state.md.us.

FROM GOVERNOR MARTIN O'MALLEY



Dear Friends,

Recently, *Education Week* announced that Maryland's public school system ranks first in the nation among all 50 states – moving up from third in the nation last year. It is a great tribute to the students, teachers, and parents who, in response to the increased investments made by all Marylanders, continue to achieve at unprecedented levels. This fiscal year, the State of Maryland invested a historic \$5.3 billion in public education. We also froze college tuition for a third consecutive year to ensure that a higher education is accessible for more Maryland families.

For FY 2010, we are proposing to fully fund the Thornton Bridge to Excellence Plan, making a \$5.4 billion investment in K-12 education and public construction, a \$68.3 million increase over FY 2009. We are also proposing a fourth straight year with zero percent increase in tuition so that our children will not have their college dreams deferred. And for the first time ever, we will surpass a billion dollars over three years for school construction.

The old African proverb says, "It takes a village to raise a child." We have embraced that sentiment by working together in our efforts to protect Maryland's most vulnerable youth. Working together with local law enforcement agencies, we have been able to create a network of information that stretches beyond our State borders, enabling us to monitor offenders and exchange vital records. Additionally, we are working to ensure that our most at-risk youth have access to vital wrap-around services that will allow them to achieve their best and attain their goals.

Even in these tough economic times, we are continuing to protect the progress we have made to make certain that every child receives a world class education and a better future. The people of Maryland are our greatest asset—our children need nurturing and guidance so they can benefit tomorrow from our efforts today.

Sincerely,

A handwritten signature in black ink, reading "Martin O'Malley". The signature is fluid and cursive, with the first name "Martin" and last name "O'Malley" clearly distinguishable.

Martin O'Malley
Governor

Dear Citizens of Maryland:

It is my pleasure to submit the 2008 Maryland's Results for Child Well-Being. Those of you familiar with this report know that for the past thirteen years, The Governor's Office for Children (GOC), on behalf of the Children's Cabinet agencies, has compiled and presented critical information in eight result areas, using twenty-five indicators of the well-being of Maryland's children, youth, and families. These results and indicators allow us to mark progress, understand trends over time, evaluate the current status, set priorities, and develop effective programs to meet the demonstrated needs of children and families in Maryland.

The Governor's Office for Children serves as the coordinating entity for the six child-serving agencies comprising the Children's Cabinet (Department of Budget and Management, Department of Health and Mental Hygiene, Department of Human Resources, Department of Juvenile Services, Maryland Department of Disabilities, and Maryland State Department of Education). These results and indicators serve as guideposts for our joint efforts to provide a coordinated system of care for Maryland's children.

The Secretaries and Superintendent of the Children's Cabinet agencies have demonstrated an unprecedented degree of cooperation and collaboration on children and family issues. This collaboration has provided the vehicle by which the Children's Cabinet has developed and implemented initiatives, targeted resources and, improved outcomes for Maryland's at-risk children and families. In collaboration with community partners and stakeholders, the Children's Cabinet developed *The Maryland Child and Family Services Interagency Strategic Plan* to implement a coordinated effort to better meet the needs of at-risk children, youth, and their families. This plan will guide the work of the Children's Cabinet over the next few years.

The GOC utilizes results-based accountability to select, monitor, and measure the desired outcomes for children and families in our statewide community. Over the next year, we will be convening stakeholders to review and evaluate these results and indicators to determine whether they continue to measure the most important and relevant aspects of child well-being, and make recommendations regarding changes to the results and indicators.

Sincerely,



Rosemary King Johnston
Executive Director
Governor's Office for Children

**FROM
EXECUTIVE
DIRECTOR
ROSEMARY
KING
JOHNSTON**

GUIDE TO RESULTS AND INDICATORS

WHAT ARE RESULTS AND INDICATORS?

What is a result? A goal that Maryland has established for its children, families, and/or communities.

Maryland's Children's Cabinet focuses on eight results for child well-being. Each result describes the general well-being of Maryland's children and families in an area known to affect a child's ability to grow up healthy and secure.

What is an indicator? Information and data that demonstrates Maryland's progress toward meeting a result. Maryland has selected 25 indicators for the eight results.

Maryland's eight results for child well-being:



***Babies Born
Healthy***



***Children
Completing
School***



***Healthy
Children***



***Children Safe in
Their Families &
Communities***



***Children Enter
School Ready
To Learn***



***Stable &
Economically
Independent
Families***



***Children
Successful
In School***



***Communities
that Support
Family Life***

USING MARYLAND'S RESULTS AND INDICATORS

The Children's Cabinet, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through this collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local jurisdiction.

Indicators are used to:

Assess and understand the current status of children and families, and how trends emerge over time.

- ◆ Examine data for population subgroups, such as race, sex, and age, to analyze differences across the groups to ensure that all children and families do well.
- ◆ Analyze trends to identify where results have been changing on a local level in ways that are different from state-wide trends. This assists local jurisdictions in targeting potential priority areas.
- ◆ Provide caregivers and communities with the information and resources they need to understand the status and trends concerning children in their communities.

Select priority areas and set goals for the improvement of child and family well-being.

- ◆ Use the indicators to identify troubling trends, to choose strategies to address the problem area, and to measure progress towards set goals.

- ◆ Compare and collaborate with similar jurisdictions to help identify potential strategies.
- ◆ Choose intervention strategies that will achieve progress toward the goals.
- ◆ Use indicators as part of strategic planning.
- ◆ Help parents and communities to be better informed and become more involved in setting goals for improvement in their communities.
- ◆ Monitor progress toward goals in comparison with invested resources made in selected programs, services, and initiatives. Indicator data will help assess intervention strategies.

STATEWIDE EFFORTS TO IMPROVE OUTCOMES FOR CHILDREN AND YOUTH

The Children's Cabinet and the Governor's Office for Children are committed to improving outcomes for children and youth in Maryland. In addition to fulfilling agency-specific mandates, Maryland's child-serving agencies also work together through the Children's Cabinet to coordinate policies, evaluate statewide needs, track progress on outcomes, and oversee funding to local jurisdictions to provide services which directly impact children's well-being. The Governor's Office for Children supports this work by:

- ◆ Convening the State Agencies, local partners, and community stakeholders to develop policies and initiatives which reflect the priorities of the Children's Cabinet and the Governor;
- ◆ Managing the Children's Cabinet Interagency Fund, which will provide approximately \$46.2 million in State Fiscal Year 2009 to Local Management Boards (through Community Partnership Agreements) to provide needed services to children and families;
- ◆ Partnering with the Local Management Boards in each Maryland jurisdiction to plan, coordinate, and develop comprehensive systems of care, and fund and monitor the delivery of integrated services to children and families; and
- ◆ Informing the collective and specific work of the Children's Cabinet by developing and supporting an interagency data management system, collecting and analyzing data, and reporting to the Governor, the Children's Cabinet, the General Assembly, and other stakeholders on the progress of Maryland's children.

Maryland's eight results for child well-being reflect the priorities of the Children's Cabinet and the Governor, and provide structure to the work Maryland's 24 Local Management Boards (LMBs). The LMBs in each jurisdiction are comprised of representatives from the Children's Cabinet's local agencies, as well as local business and community members. Each LMB leads these and other stakeholders in a comprehensive needs assessment and prioritization of results and indicators based on the jurisdiction's needs. Funding from the Children's Cabinet Interagency Fund is used by the LMBs to develop and deliver services which address the eight results areas.

Specific strategies of the Children's Cabinet and the Governor's Office for Children are articulated in two guiding documents: *Maryland's Three-Year Children's Plan* (and update) and *Maryland Child and Family Services Interagency Strategic Plan*.

Maryland's Three-Year Children's Plan (June 2006 and February 2008)

The *Maryland's Three-Year Children's Plan* provides a structure for interagency work towards improving child well-being. The Three-Year Children's Plan focuses on three goals:

- ◆ Developing a Comprehensive State Prevention Strategy
- ◆ Implementing the Ready by 21 Action Agenda
- ◆ Building on Existing Foundations (Entering School Ready to Learn, Stable and Economically Independent Families, Wraparound, Local Access Mechanisms, Resource



Development, “More for Maryland,” Locally Determined Community Plans, and Community Partnership Agreement Negotiations)

By February of 2008, 30 of the original 46 Action Steps were completed (13 were ongoing, and 3 remained to be done). New and expanded Action Steps were added, as were new objectives under the goal of Building on Existing Foundations: Maryland’s Eight Results for Child Well-Being, Systems of Care, Evidence-Based Practices, Early Care and Education, and Opportunity Compacts.

The Maryland Child and Family Services Interagency Strategic Plan (June 2008)

In partnership with communities, families, youth, providers, as well as State and local Agencies, the Children’s Cabinet developed an Interagency Strategic Plan focused on improving the state-wide service delivery system for children and families. Although this plan works towards the improvement of services for children at all levels of need, special consideration is given to children considered at-risk.

Recommendations and strategies are provided in this plan, while the action plan is currently under development. The plan focuses on eight areas:

- ◆ Family and Youth Partnership
- ◆ Interagency Structures
- ◆ Workforce Development and Training
- ◆ Information Sharing
- ◆ Improving Access to Opportunities and Care
- ◆ Continuum of Opportunities, Supports, and Care
- ◆ Financing
- ◆ Education

Additional Reports

Additional reports such as the *Youth Ready by 21 - A Five-Year Action Agenda for Maryland* and the *State of Maryland Resource Plan for Out-of-Home Placements* provide strategies and recommendations for targeted areas of work. Full copies of all of these reports, and others, can be found at www.goc.state.md.us.

REVISION OF CURRENT RESULTS & INDICATORS

Over the next few months, the Children’s Cabinet will review the current Results and Indicators to assess their continued accuracy in measuring child well-being in Maryland. During this process, data for the current Results and Indicators will be reviewed, along with data for potential new Results and Indicators. Current Results and Indicators may be replaced with stronger measurements, as progress has been made over the years to improve data collection and analysis, both Statewide and nationally. Next year’s report will reflect any changes to the Results and Indicators, and, where feasible, data on the “old” Results and Indicators will be presented one final time.

RESULTS ACCOUNTABILITY

The work of the Governor’s Office for Children and the Children’s Cabinet is accomplished using the Results Accountability framework. This approach focuses planning, decision-making, and budgeting on desired results and outcomes. In planning and developing stages, the Results Accountability model focuses on identifying a result to achieve, selecting indicators that act as proxy measures for the result, understanding the data and the “story behind the data,” identifying necessary partners and effective strategies, and then developing an action plan and budget. In evaluating programs, this approach focuses on evaluating data through three main questions: How much did we do? How well did we do it? Is anyone better off?



DESCRIPTIVE GUIDE TO THE RESULTS AND INDICATORS

Information on each indicator is organized as follows:

Indicator

A brief description of the indicator.

Definition

A detailed description of the indicator.

Significance

A brief discussion of the importance of the indicator and how it relates to child and family well-being.

Baseline Data

Where available, multi-year state and national data are presented.

Data Sources

The source for the most recent data presented, and a brief description of the breakdowns that are available (e.g. broken down by age, race, or gender).

Considerations

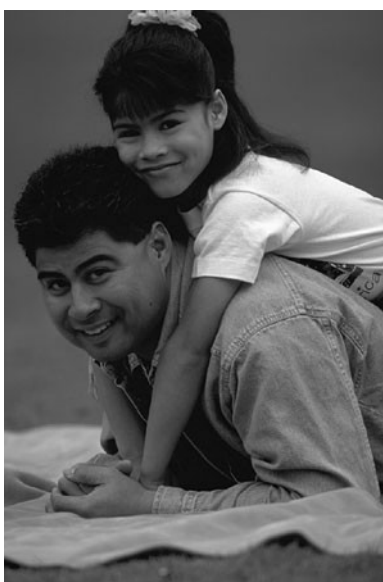
Information about the source, the definition, or the significance or other aspects of the indicator that should be considered when interpreting the data, using the indicator, to track trends, or setting performance goals.

Related Measures

If they exist, other measures that relate to the indicator will be listed along with the source of data.

Story Behind the Data

A brief overview of the trend that exists for this indicator, factors that may be impacting the trend, and additional background information.



A GUIDE TO STATISTICS

The following is a brief description of two key statistics used throughout this guide (percent and rate), a word of caution about their use, and instructions on how to calculate the rate-of-change statistic in order to track trends.

Percent: Percent means per 100. For example, 15% means 15 out of 100, 75% means 75 out of 100.

Percent = (Number in sub-group) ÷ (Number in whole group) x 100

Example: Percent of babies born at low birth weight (LBW), CY 2002

Percent = (Number LBW) ÷ (Total number of births) x 100
 = 6,623 ÷ 73,250 x 100
 = 9% of births in 2002 were less than 2,500 grams (5.5 pounds)

Rate: The easiest way to understand a rate is to think of a percent as a rate per 100. (Note: Many indicators are presented as rates per 100,000.) In the example above, 9% of babies born at low birth weight could also be expressed as “9 babies per 100” are born at low birth weight.

Rate = (Number in sub-group) ÷ (Number in whole group) x MULTIPLIER

Example: Rate of youth (ages 10-17) arrested for violent crimes per 100,000 youth (ages 10-17), CY 1998

Rate = (Number arrested) ÷ (Number of youth ages 10-17) x 100,000
 = 3,037 ÷ 567,678 x 100,000
 = 535 per 100,000 youth ages 10-17 were arrested for violent crimes in 1998

Rate of Change:

It is often helpful to see how an indicator has changed over time. The rate of change refers to the magnitude of the change from one time frame to another (e.g. from 1995 to 1998). Rate of change is expressed as a percentage. A positive percentage indicates an upward trend while a negative percentage denotes a downward trend.

Rate of Change = {[(Recent year number) ÷ (Prior year number)] - 1} x 100

Example: Rate of change in the rate of out-of-home placement, FY02 to FY03

Rate of Change = {[(FY03 rate of placement) ÷ (FY02 rate of placement)] - 1} x 100
 = {[10.9 ÷ 11.2] - 1} x 100
 = -2.7% is the rate of change in the rate of placement from FY02 to FY03.

Caution Needed When Using Percentages or Rates with Small Numbers of Incidents:

Caution is necessary when using percentages and rates with small numbers of incidents. If the item to be measured has less than 5 occurrences (e.g. infant mortality in a given jurisdiction for a given year) then a percentage or rate should not be produced. One or both of the following methods can be employed to create a more stable percentage or rate:

- Multi-year averaging, which involves using a longer time period to produce the rate (e.g., using 3 or 5 years data); or
- Enlarging the geographic area (e.g., using a region containing several jurisdictions).

Both of these methods increase the number of observed events and hence the stability and reliability of percentages or rates calculated.



METHODOLOGY FOR STATE MAPS

Included in the report are statewide composite maps for each result area. These maps offer a visual representation of each jurisdiction's overall outcomes in a result area. For each result area, with the exception of Communities that Support Family Life, a map illustrates each jurisdiction's standing in Maryland. A jurisdiction's standing is determined by the sum of the jurisdiction's ranking on most or all of the indicators in that result area (e.g., for Babies Born Healthy, the sum of a jurisdiction's rankings on Infant Mortality, Low Birth Weight, and Births to Adolescents). The maps illustrate five levels of State standing in group order from highest/best (1) to lowest/worst (24). The indicators used for each Maryland map are listed below:

Babies Born Healthy

Infant Mortality
Low Birth Weight
Births to Adolescents

Children Completing School

High School Dropouts
High School Program Completion
School Completion for Students with Emotional Disturbance

Healthy Children

Injuries
Deaths
Substance Abuse

Children Safe in Their Families and Communities

Abuse or Neglect
Deaths Due to Injuries
Juvenile Violent Offense Arrests
Juvenile Serious Non-Violent Offense Arrests

Children Enter School Ready to Learn

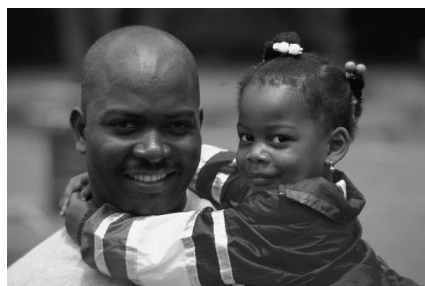
Kindergarten Assessment

Stable and Economically Self-Sufficient Families

Child Poverty
Out-of-Home Placements
Permanent Placements
Homeless Adults and Children

Children Successful in School

Absence from School
Academic Performance
Demonstrated Basic Skills

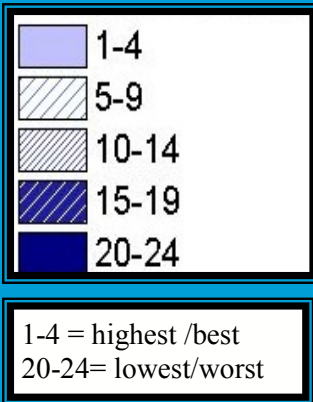
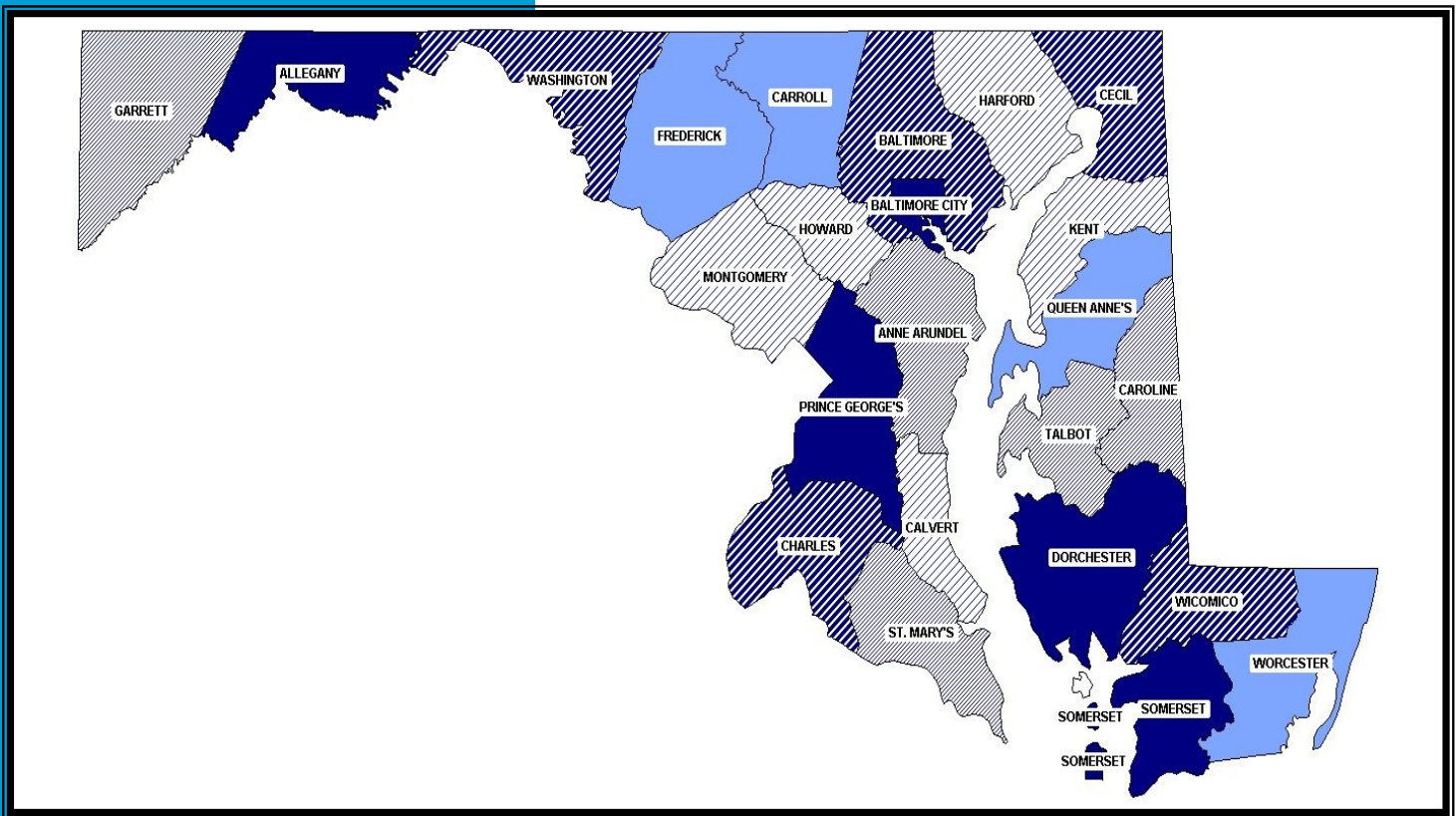


*Note: Data presented for Indicators may be by:
State Fiscal Year (FY), Federal Fiscal Year (FFY),
Calendar Year (CY), or Academic Year (AY).*

*Jurisdictional data for each indicator (as available) may be found at
the Governor's Office for Children's website, www.goc.state.md.us.*

BABIES BORN HEALTHY

JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
Infant Mortality (CY 2006, per 1,000 live births)	7.9
Low Birth Weight (CY 2006, percent of babies born)	9.4%
Births to Adolescents (CY 2006, per 1,000 adolescent females ages 15-19)	33.6

BABIES BORN HEALTHY INDICATORS



BABIES BORN HEALTHY INDICATORS:

INFANT MORTALITY: The rate of deaths occurring to infants under 1 year of age per 1,000 live births.

LOW BIRTH WEIGHT: The percent of babies born at low birth weight, weighing less than 2,500 grams (about 5.5 pounds).

BIRTHS TO ADOLESCENTS: The rate of births to adolescents less than 20 years of age.

INFANT MORTALITY

Indicator

The rate of deaths occurring to infants under one year of age.

Definition

The rate, per 1,000 live births, of all infants, and infants in selected racial groups, under one year of age, who do not survive beyond year one.

Significance

This indicator is associated with family and prenatal access to health care as well as prenatal, family, and environmental risks to a child's healthy start.

Baseline Data

INFANT MORTALITY (reported by calendar year)

Rate of Infant Deaths per 1,000 Live Births - by Calendar Year, Maryland and National										
Maryland	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All Races	8.6	8.6	8.3	7.4	8.0	7.6	8.1	8.5	7.3	7.9
White	5.3	5.5	5.1	4.7	5.5	5.4	5.4	5.6	4.7	5.7
African-American	16.1	15.4	14.7	13.0	13.6	12.7	14.7	14.9	12.7	12.7
National	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*
All Races	7.2	7.2	7.1	6.9	6.8	7.0	6.9	6.8	6.8	6.7
White	6.0	6.0	5.8	5.7	5.7	5.8	5.8	5.7	5.7	5.6
African-American	14.2	14.3	14.6	14.1	14.0	14.4	14.0	13.8	15.2	13.3
*2006 National data is preliminary.										

2005 -2006 Data Sources

Maryland Data - *Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene (Table 29, page 119).

Data is available by jurisdiction.

National Data - National Vital Statistics Report, Vol. 56, No. 16 National Center for Health Statistics, Division of Vital Statistics, Centers for Disease Control (Table 4, page 22).

Data is available by age, race, and Hispanic origin.

Considerations

For Maryland data, racial groupings were determined by the race of the mother.

2006 national data is preliminary, and data should therefore be interpreted with caution.

Related Measures

A "service delivery/utilization" indicator related to infant mortality is the percent of births for which prenatal care was initiated in the first trimester. Other related measures include neonatal and postneonatal death rates. Data for Maryland jurisdictions on these measures are reported in the *Maryland Vital Statistics Annual Report 2006* (Department of Health and Mental Hygiene). The percentage of infants born with low birth weight is also related to infant mortality; low birth weight data is presented on page 18 of this report.

Story Behind the Data

In 2005, the infant mortality (IMR) rate was 7.3 per 1,000 live births, the lowest level in the past decade. In 2006, however, the IMR rose by 8% to 7.9 per 1,000 live births. Interestingly, the IMR for white infants also rose from 2005 to 2006 (by more than 21%), while the IMR for African-American infants in 2006 remained the same as the 2005 rate. Despite this recent increase in the white IMR, African-American infants have an IMR 2.2 times higher than white infants.

The leading causes of infant death in 2006, as in 2003 through 2005, were:

1. Disorders relating to short gestation and unspecified low birth weight;
2. Congenital abnormalities; and
3. Sudden Infant Death Syndrome (SIDS).

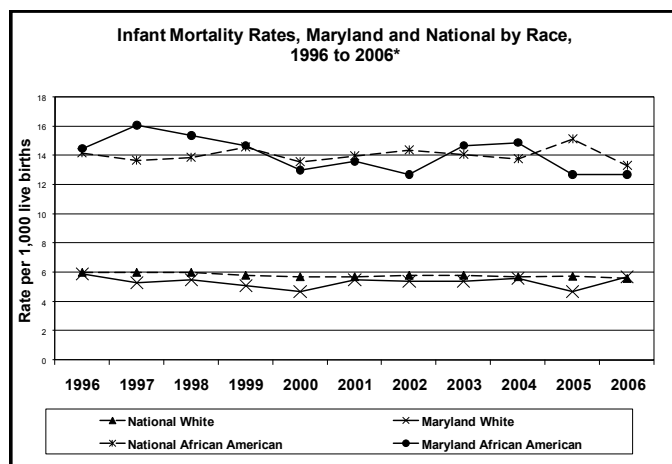
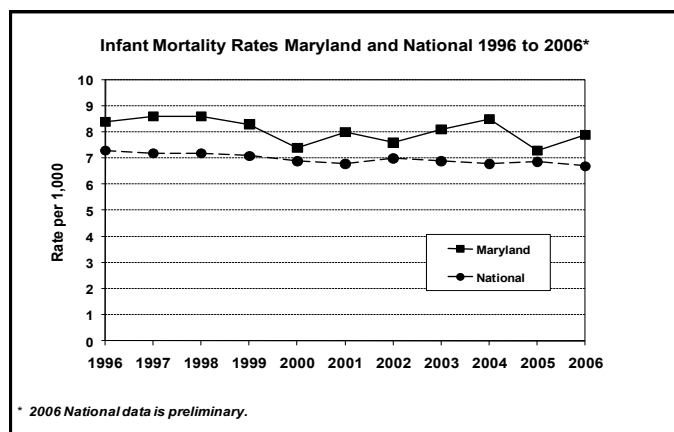
These top three causes of death were the same for African-American infants in 2006, although for white infants the top three causes of death in 2006 were:

1. Congenital abnormalities;
2. Disorders relating to short gestation and unspecified low birth weight; and
3. Sudden Infant Death Syndrome (SIDS).

(*Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene, Table 34a, page 123.)

Although the national data for 2006 is preliminary, it appears that Maryland continues to have a higher overall IMR rate than the national rate. The Maryland IMR for white infants is just slightly higher than the national average, while the state IMR for African-American infants is 4.5% below the national average.

The Healthy People 2010 goal is to have no more than 4.5 infant deaths per 1,000 births (all races). (*Healthy Maryland Chartbook*, Family Health Administration, Department of Health and Mental Hygiene, May 2007, pg. 45, http://www.fha.state.md.us/pdf/ohpp/Healthy_Maryland_Chartbook.pdf).



LOW BIRTH WEIGHT

Indicator

The percentage of babies born at low birth weight, weighing less than 2,500 grams (approximately 5.5 pounds).

Definition

The percent of all births and births in selected racial groups, by mother's race, with birth weights less than 2,500 grams (approximately 5.5 pounds).

Significance

Infant birth weight is associated with infant survival, health, and overall development. Infants weighing less than 2,500 grams are more likely to have physical and developmental problems, including mental retardation, developmental delays, visual and hearing deficits, chronic respiratory problems, and learning difficulties.

Baseline Data

LOW BIRTH WEIGHT (reported by calendar year)

Percent of Babies Born Weighing Less Than 2,500 Grams, by Mother's Race, by Calendar Year, Maryland and National										
Maryland	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All Races	8.8	8.7	9.1	8.7	9.0	9.0	9.1	9.4	9.2	9.4
White	6.3	6.4	6.7	6.4	7.0	7.0	7.1	7.4	7.1	7.4
African-American	13.7	13.1	13.7	12.9	13.0	13.3	13.1	13.2	13.2	13.4
National	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*
All Races	7.5	7.6	7.6	7.6	7.7	7.8	7.9	8.1	6.4	8.3
White	6.5	6.5	6.6	6.5	6.7	6.8	7.0	7.2	5.3	7.3
African-American	13.0	13.0	13.1	13.0	13.0	13.0	13.5	13.7	11.9	14.0

*2006 National data is preliminary.

2005 -2006 Data Sources

Maryland Data - *Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene (Table 21A, page 107).

Data is available by mother's age, race, and Hispanic origin, as well as by region and jurisdiction.

National Data - *National Vital Statistics Report*, Vol. 56, No. 7, National Center for Health Statistics, Division of Vital Statistics, Centers for Disease Control (Table K, page 23).

Considerations

Maryland data is reported by the racial group of the infant's mother, not the race of the infant. 2006 national data is preliminary, and data should therefore be interpreted with caution.

Related Measures

A "service delivery/utilization" indicator related to low birth weight is the percent of births for which prenatal care was initiated in the first trimester. Other related measures include neonatal and postneonatal death rates, the percentage of infants born prematurely, and the number of plural births. Data for Maryland jurisdictions on these measures are reported in the *Maryland Vital Statistics Annual Report 2006* (Department of Health and Mental Hygiene). The infant mortality rate is also related to low birth weight; this data is presented on page 16 of this report.

Story Behind the Data

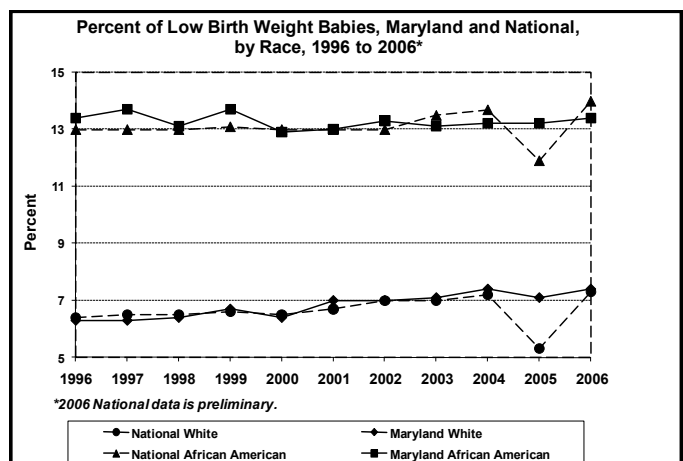
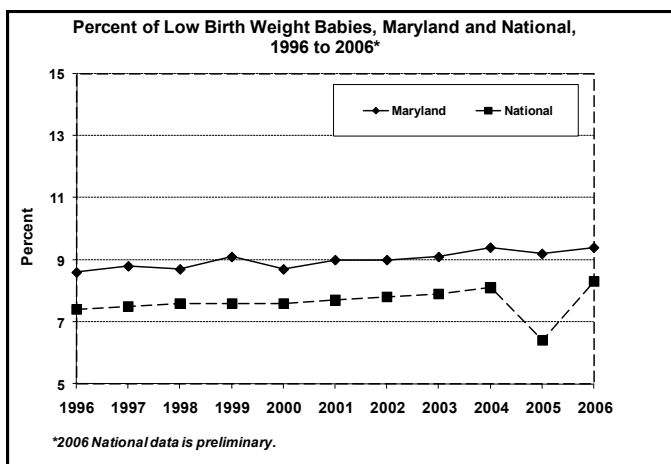
Low birth weight (LBW) is a significant factor driving infant mortality rates; LBW infants also have a higher probability of experiencing developmental delays. LBW babies may be born either prematurely (before 37 weeks gestation) or full term (37 to 41 weeks gestation) but small for gestational age. In 2006, 11.3% of all births in Maryland occurred at less than 37 weeks gestation. (*Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene, Table 24, pg. 111.)

The percent of LBW infants of all races born in Maryland continues to be higher than the national average, as it has for at the past 10 years. In 2005, there was a slight decline in the percent of LBW infants for all races and for white infants; these declines were the first in the state since 2000. The Maryland LBW rate for African-American infants has been below the national average since 2003.

Infants of multiple births (twins, triplets or higher order) have a significantly higher risk of being LBW than singletons. In 2006, only 7.3% of all singleton births in Maryland were of low birth weight infants, compared to 59.1% of plural births. (*Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene, Table 22, pg. 109.)

Additionally, lack of prenatal care and late prenatal care (after 20 weeks of pregnancy) is also related to both low birth weights and infant mortality. In 2006, 80.4% of births in Maryland were to mothers who had received prenatal care during their first trimester, and 4.2% received late or no prenatal care. (*Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene, Tables 19A and 19B, pg. 103—104.)

One of the Healthy People 2010 goals is to reduce low birth weight births to 5.0% of all live births. (*Healthy Maryland Chartbook*, Family Health Administration, Department of Health and Mental Hygiene, May 2007, pg. 45, http://www.fha.state.md.us/pdf/ohpp/Healthy_Maryland_Chartbook.pdf.)



BIRTHS TO ADOLESCENTS

Indicator

The rate of births to adolescents, ages 10-19.

Definition

The rate of births, per 1,000, to adolescent females ages 10 to 14, ages of 15 to 17, and ages 15 to 19.

Significance

Adolescent mothers are more likely to drop out of high school, experience unemployment, or, if employed, earn lower wages than women who begin childbearing after age 20. Children born to teen mothers face increased risks of low birth weight, prematurity, infant mortality, developmental problems, and poverty.

Baseline Data

BIRTHS TO ADOLESCENTS (reported by calendar year)

Rate of Live Births per 1,000 Women, Ages 10 to 19 - by Calendar Year, Maryland and National										
Age 10-14	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*
Maryland	1.2	1.1	0.9	0.9	0.8	0.7	0.6	0.7	0.6	0.6
National	1.1	1.0	0.9	0.9	0.8	0.7	0.6	0.7	0.7	0.6
Age 15-17	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*
Maryland	28.2	26.4	25.1	23.3	20.9	19.9	18.2	18.0	16.8	17.5
National	32.1	30.4	28.7	27.5	24.7	23.2	22.4	22.1	21.4	22.0
Age 15-19	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*
Maryland	43.9	42.8	42.5	41.2	37.8	35.4	33.3	32.4	31.8	33.6
National	52.3	51.1	49.6	48.7	45.3	43.0	41.6	41.1	40.5	41.9
*2006 National data is preliminary.										

2005-2006 Data Sources

2006 Maryland Data - *Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene (Table 11A—page 83, Table 5C—page 65, Table 5F—page 71, and Table 5I—page 86).

Data is available by age, race, Hispanic origin of mother, region, and jurisdiction, and is available for age groupings from 15 to 50 and over.

Unpublished data on ages 10-14 also provided by the Vital Statistics Administration.

Rate calculated by GOC staff.

2005 & 2006 National Data - *National Vital Statistics Report*, Vol. 56, No. 17, National Center for Health Statistics, Division of Vital Statistics, Centers for Disease Control (Table 2, page 7).

Data is available by age, race, and Hispanic origin of mother.

Considerations

National data from the CDC is considered preliminary data, and may be revised at a later date.

As pregnancies between ages 10 and 14 occur at a much lower rate than in age groups 15-19, there is greater variability between years in the 10-14 year datasets. The 15-19 year datasets show more consistency, and have therefore been used to calculate the jurisdictional rankings, shown on page 14.

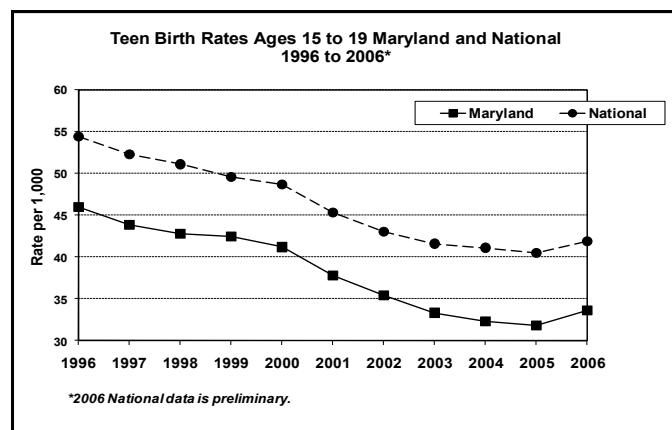
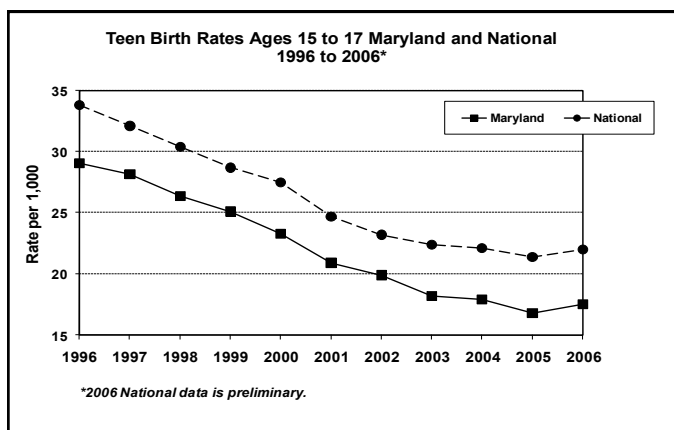
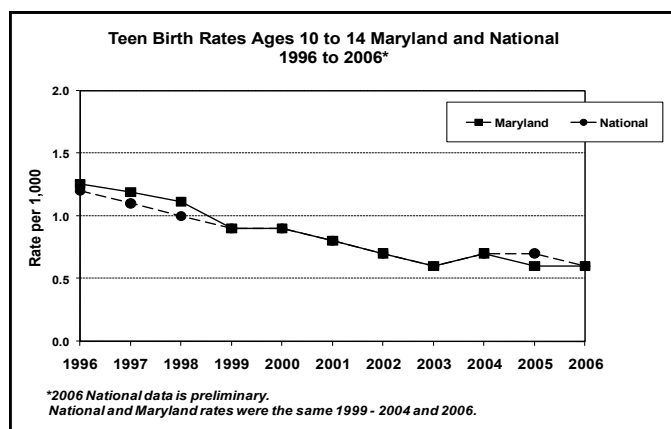
Related Measures

Low birth weight, infant mortality, and late onset of prenatal care are often also related to adolescent birth rates.

Story Behind the Data

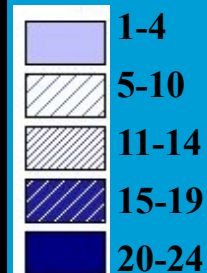
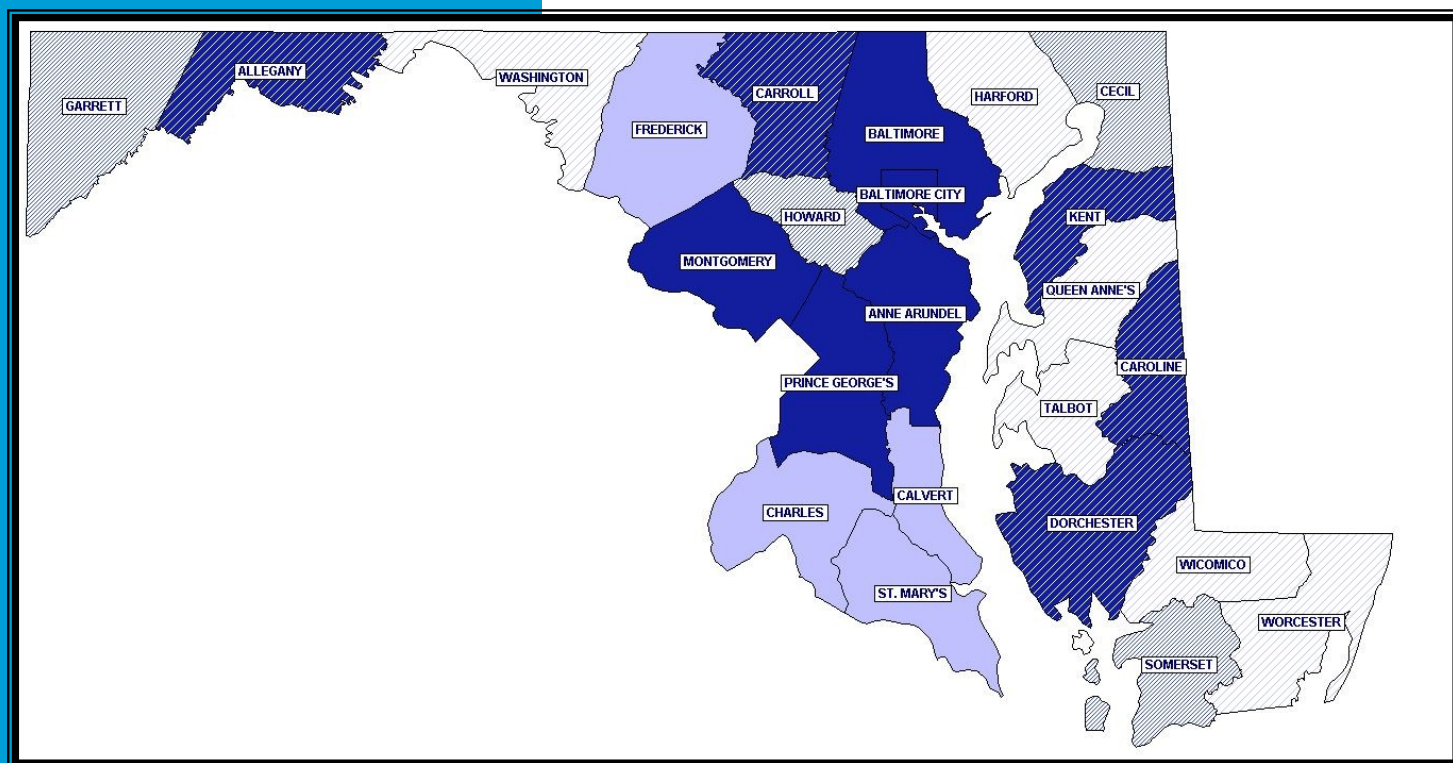
The birth rate to mothers age 10 - 14 has declined over the past 10 years in Maryland as a whole, although jurisdictions and communities are encouraged to monitor this data.

Maryland's birth rates for both age groups 15 — 17 and 15 – 19 increased slightly during 2006, after nearly a decade of steady decline. These increases were similar to increases in the (preliminary) national data, but warrant attention, as this may be the beginning of an upward trend, which could have negative consequences for both mothers and babies.



HEALTHY CHILDREN

JURISDICTIONAL RANKING



1-4 = highest /best
20-24= lowest/worst

Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)

Injuries (CY 2006, per 100,000 youth ages 0 –19)
Deaths (CY 2006, per 100,000 children ages 0– 19)
Substance Abuse (CY 2007, 8th graders)

Maryland Data

Unintentional—4.4, Assault—0.5, Self-Inflicted—0.3
30.7
Cigarettes—4.2%, Alcohol—12.7%, Marijuana—4.6%

HEALTHY CHILDREN INDICATORS



HEALTHY CHILDREN INDICATORS:

IMMUNIZATIONS: The percent of children fully immunized by age two.

INJURIES: The rate of child injuries that require hospitalization.

DEATHS: The rate of child fatalities among children one year of age and older.

SUBSTANCE ABUSE: The percentage of public school students who report using alcohol, tobacco, or other drugs.

IMMUNIZATIONS

Indicator

The percent of children fully immunized at age two.

Definition

For data 2002 - 2007: The percent of children 19-35 months of age who have received the full schedule of appropriate immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, HIB, hepatitis B, and varicella (4:3:1:3:3:1 series).

Significance

The immunization status of young children is an almost perfect predictor of avoidance of death, disability, or developmental delays associated with immunization-preventable diseases.

Baseline Data

IMMUNIZATION COVERAGE AT AGE 2 (reported by calendar year) for 4 doses of Diphtheria, 3 doses of Polio, 1 dose of Measles-containing vaccine, 3 doses of HIB, 3 doses of Hepatitis B, and 1 dose of Varicella (4:3:1:3:3:1).

Percent of children immunized with the 4:3:1:3:3:1 series at age 2 - by Calendar Year, Maryland and National						
	2002	2003	2004	2005	2006	2007
Maryland	71	77	76	79	78	91
National	66	73	76	76	77	77
<i>*Data prior to 2002 is not available.</i>						

2006 - 2007 Data Sources

2007 Maryland and National Data: The National Immunization Survey (NIS), Centers for Disease Control and Prevention (CDC); and the Department of Health and Mental Hygiene.

The NIS provides national, state, and selected local area estimates of vaccination coverage levels among children aged 19-35 months. Data is also available by milestone age, WIC status, urbanicity, race, ethnicity, poverty status and provider characteristics. Data on additional immunization series are also available.

Considerations

Due to changes in CDC recommendations for childhood vaccinations, data is no longer available on the 4:3:1 series, which has been used as the Baseline Data in previous editions of this report. Current CDC guidelines call for children at age 2 be immunized using the 4:3:1:3:3:1 series.

Due to the smaller sample size, data for Maryland has a larger 95% Confidence Interval than the national data; for 2007 data, the Maryland 95% Confidence Interval was + 3.1%, whereas the national range was +1.1%. Therefore, fluctuations in the Maryland data may not reflect immunization coverage as accurately as the national data.

Related Measures

The *Annual Report of All Kindergarten Immunization Status for the School Year 2007-2008* is a survey of public and private Maryland schools. Per COMAR requirements schools are asked to report the number of fully vaccinated students upon kindergarten enrollment. From 2003 to 2006, kindergarten students have been at or above 99 percent. Although using a survey sample may not be fully indicative, it does demonstrate the success of ensuring children are fully immunized by age five.

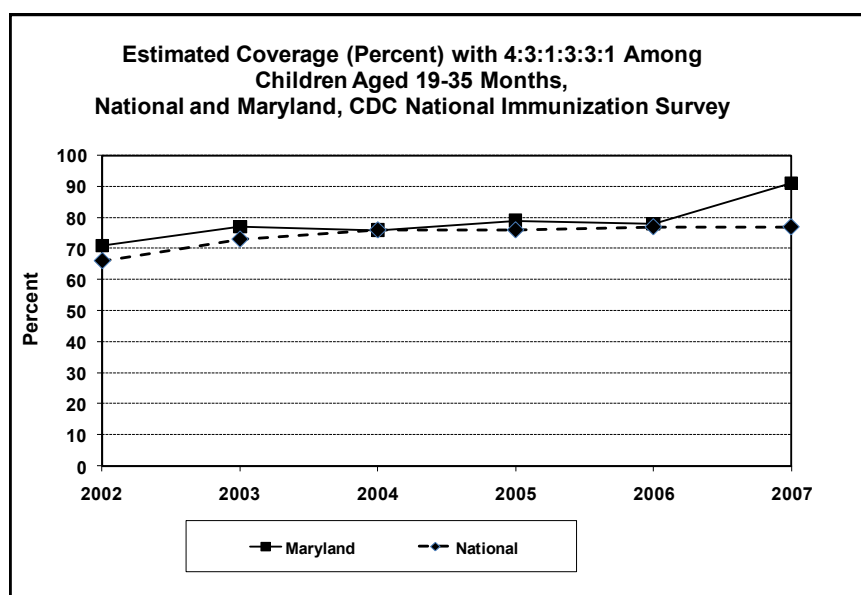
Annual Report of All Kindergarten Immunization Status—Percent of Students Completely Immunized by Vaccine, School Year 2007-2008

	DTaP	Polio	Measles	Rubella	Mumps	Hepatitis B	Varicella
Maryland	99.5%	99.7%	99.3%	99.5%	99.5%	99.5%	99.7%

Story Behind the Data

The recommended schedules for immunizations for children and adults can change yearly. Both the Department of Health and Mental Hygiene's Office of Epidemiology and Disease Control Programs and the CDC provide information on immunization schedules. Their websites are, respectively: www.edcp.org and www.cdc.gov/vaccines.

Maryland is currently the top-ranking state in the country for immunizations of children aged 19-35 months. The CDC reported that, compared to the national average of 77.4 percent and the 80 percent goal for compliance, Maryland has the highest coverage with 91.3 percent, up 13.2 percent from 2006. Annual quality assurance visits to vaccine providers, strong local health department support, community efforts, and parents are credited with the significant rise in immunization rates. Although the immunization rates are high, room for improvement still exists. Expanding the use of the Maryland Immunization Registry and emphasizing the importance of vaccination through public education are needed to sustain and improve immunization coverage.



INJURIES

Indicator

The rate of child injuries that require inpatient hospitalization.

Definition

The rate of injuries per 1,000 children, ages 0 - 19, that require inpatient hospitalization in three broad injury categories: unintentional injuries (accidents), assaults, or self-inflicted injuries (attempted suicide).

Significance

Childhood injuries requiring inpatient hospitalization present risks of long-term illness and disability. Not only are the injuries themselves traumatizing for the child and family, but the cost to public and private medical insurance for care is high.

Baseline Data

CHILD INJURIES (reported by calendar year)

Rate of Child Injuries per 1,000 Children Ages 0-19 - by Calendar Year, Maryland										
Unintentional injuries	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All Races	4.3	3.4	4.0	3.8	3.8	3.8	3.9	4.2	4.1	4.4
African American	4.6	3.8	4.1	3.9	3.7	3.9	4.0	4.2	4.2	4.7
White	4.2	3.2	3.9	3.9	3.8	3.7	3.8	4.1	3.9	4.2
All other races	4.0	3.3	3.8	2.6	3.8	5.1	5.0	5.8	6.0	5.0
Assaults	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All Races	0.4	0.4	0.3	0.3	0.3	0.4	0.4	0.3	0.4	0.5
African American	1.1	0.9	0.8	0.8	0.7	0.8	0.8	0.8	0.9	1.0
White	0.2	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.2
All other races	0.2	0.4	0.2	0.1	0.2	0.4	0.3	0.3	0.4	0.3
Self-inflicted injuries	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All Races	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
African American	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
White	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.3	0.4	0.3
All other races	0.5	0.3	0.3	0.2	0.5	0.3	0.6	0.6	0.7	0.4

2006 Data Source

2006 Maryland Data - Unpublished data provided by The Department of Health and Mental Hygiene. Data is derived from the Health Services Cost Review Commission (HSCRC) 2006 Hospital Discharge dataset, and includes data from all Maryland hospitals.

Considerations

The rates of unintentional injury presented here are not consistent with those in DHMH's Annual Injuries in Maryland reports. Due to the inclusion of codes corresponding to Adverse Effects of Medical Care, the estimates reported here of unintentional injury are higher than those reported elsewhere. This methodology is consistent with that used for this data request in previous years. Additionally, changes in analytic methods may be the cause of increases seen after 2002.

It is also important to note that this data does not indicate whether a child injury was related to abuse or neglect.

Related Measures

Data from the HSCRC is also used by the Center for Preventive Health Services (CPHS) of DHMH to produce standardized jurisdiction profiles that include reports on child hospitalization and death.

Additional data on injuries can be found at the CDC's Injury Center (<http://www.cdc.gov/ncipc/>) and at the Maryland Department of Health and Mental Hygiene's Family Health Administration (<http://www.fha.state.md.us/ohpetup/eip.cfm>).

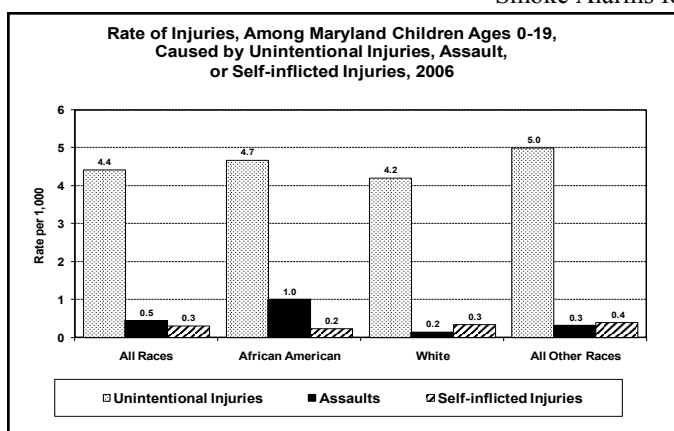
Story Behind the Data

Injuries may be the result of unintentional or intentional events. Most unintentional injuries are related to motor vehicles, falls, fires and burns, poisonings, choking and suffocation, and drowning. Intentional injuries include both assaults and self-inflicted injuries.

With the exception of one year (2005), the rate of unintentional injuries for all children has been rising since 2001, and in 2006 was slightly higher than the rate in 1997. There is a slight difference in the rates between white and African-American children, but not as significant as the racial disparities in injuries due to assaults.

For injuries due to assaults, African-American children had a rate five times higher than their white peers in 2006, which is consistent with rates in the previous nine years. The overall rate of injuries due to assaults rose to 0.5 per 1,000 children in 2006, slightly higher than it had been during the previous decade, when the rate hovered between 0.3 and 0.4. Although a difference of 0.1 in one year is not evidence of an upward trend, this rate should be monitored to ensure that future years' rates do not increase more substantially.

Among deaths due to injuries, the leading causes are motor vehicle accidents, firearm injuries, suffocation, poisoning, and drowning. (*Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [2008, September, 09]. www.cdc.gov/ncipc/wisqars*). Statewide programs such as Kids in Safe Seats, which provide free inspection of car seat installations and free car seats to those in need, and Smoke Alarms for Everyone (SAFE), which provide community grants provide fire prevention materials and education and installation of smoke alarms as needed, are working to prevent both child injury and deaths to. Both programs are administered by DHMH.



DEATHS

Indicator

The rate of deaths among children ages one to nineteen.

Definition

The rate of deaths among children age one to nineteen, per 100,000, by selected race and ethnicity.

Significance

This indicator measures the ultimate poor health outcome for children. Rates and causes of death indicate increased risks for children of specific ages, genders, and racial/ethnic backgrounds.

Baseline Data

CHILD DEATH RATE BY RACE & ETHNICITY (reported by calendar year)

Rate of Child Deaths per 100,000 Children Ages 1-19, - by Calendar Year, Maryland and National								
Maryland	1999	2000	2001	2002	2003	2004	2005	2006
All Races	36.0	32.7	34.6	33.3	34.5	33.7	29.8	30.7
White	28.2	28.8	28.2	26.1	27.0	26.4	24.6	27.4
African American	53.9	46.4	49.3	47.4	50.9	49.3	40.1	38.8
All Other	19.7	9.6	16.4	24.1	18.1	13.5	21.0	15.6
National	1999	2000	2001	2002	2003	2004	2005	2006
All Races	34.9	33.9	33.6	33.5	33.0	32.7	32.3	N/A*
White	32.7	32.1	31.9	31.9	31.5	31.0	30.4	N/A*
African American	48.2	45.2	44.0	43.7	42.4	43.0	43.3	N/A*
All Other	26.9	26.0	27.5	27.0	28.1	26.1	26.1	N/A*

*2006 National data is unavailable.

2005-2006 Data Sources

2006 Maryland Data - Maryland Vital Statistics Annual Report 2006, Vital Statistics Administration, Department of Health and Mental Hygiene (Table 3, page 61, and Table 51, page 179).

Additional unpublished data provided by the Vital Statistics Administration, Department of Health and Mental Hygiene.

Rate calculated by GOC staff.

2005 National Data - National Center for Health Statistics, Centers for Disease Control and Prevention, accessed through CDC Wonder: <http://wonder.cdc.gov/mortsql.html>.

Considerations

It may be desirable to compute multi-year averages, particularly for small jurisdictions and subgroups and to develop other categories using unpublished data. The degree of fluctuation in the Maryland data, particularly for "all other," is likely related to the

Related Measures

The Center for Maternal and Child Health at the Department of Health and Mental Hygiene produces an annual report from the Maryland State Child Fatality Review Team (http://www.fha.state.md.us/pdf/mch/State%20CFR_Annual_Report-2006.pdf) as well as an annual Child Death Report (http://www.fha.state.md.us/mch/cfr/pdf/Child_Death_Report2006.pdf).

The Annie E. Casey Foundation 2008 National Kids Count Data Book publishes state and national child death rates for children ages 1-14., as well as a teen death rate, for children ages 15 - 19. For 2006, Maryland is ranked 6th in the nation for the child death rate, but 24th for the teen death rate. (The Annie E. Casey Foundation 2008 National Kids Count Data Book, page 105.)

The Annie E. Casey Foundation 2008 National Kids Count Data Book

Child Deaths per 100,000 Children Ages 1-14 - Maryland and National

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Maryland	24	22	19	20	21	22	20	20	21	16
National	26	25	23	23	22	22	21	21	20	20

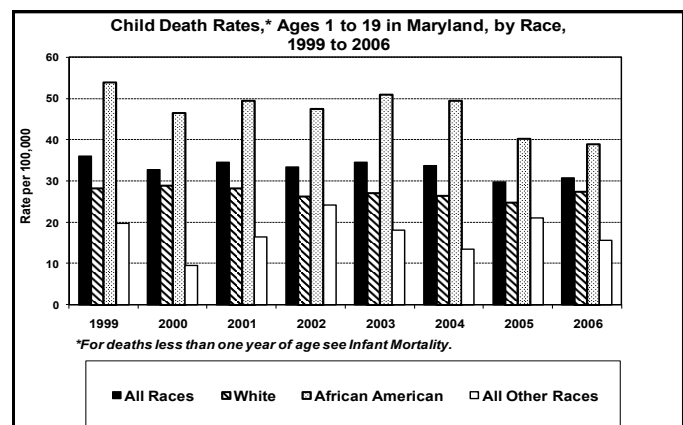
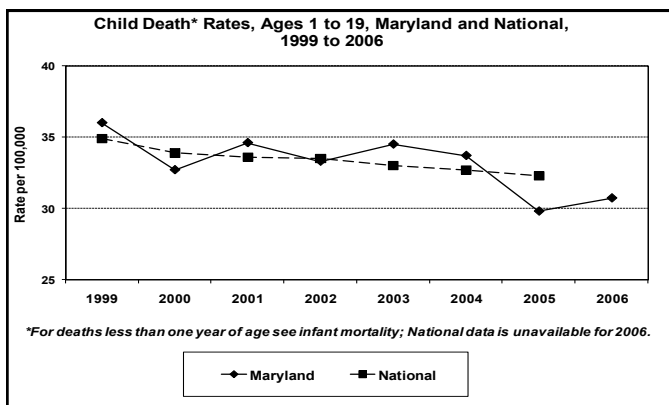
Teen Deaths per 100,000 Children Ages 15 - 19 - Maryland and National

Maryland	80	75	78	84	71	73	73	77	67	66
National	77	74	69	69	67	67	68	66	66	65

Source: <http://www.kidscount.org/datacenter/>

Story Behind the Data

Maryland's child death rate has been generally decreasing over the past decade, although there was a slight increase in the 2006 rate. There is a significant discrepancy between the 2006 child death rate for white children versus African-American children: 27.4 versus 38.8 per 100,000 children respectively. The African-American child death rate is 1.4 times higher than the child death rate for whites in 2006; this is slight decrease from previous years but much work is needed to reduce the African-American rate.



SUBSTANCE ABUSE

Indicator

The percentage of public school students who report using alcohol, tobacco, or other drugs.

Definition

Percent of public school students who report using alcohol, tobacco, or illegal drugs by type of substance and by age/grade (6th, 8th, 10th, and 12th) within the last 30 days.

Significance

Use of dangerous/ illegal substances poses major health risks to youth. Early use of some substances (e.g. tobacco) is associated with later drug use and high-risk behavior.

Baseline Data

SUBSTANCE ABUSE IN THE LAST 30 DAYS (percent of students, reported by calendar year)

Percent of Public School Students Who Report Using Substances In the Last 30 Days — by Calendar Year, Maryland and National												
	Cigarettes				Alcohol				Marijuana			
	2001	2002	2004	2007	2001	2002	2004	2007	2001	2002	2004	2007
Maryland												
6th Grade	2.5	1.3	1.5	1.0	6.3	5.0	5.4	3.8	1.2	0.8	0.8	0.8
8th Grade	10.6	6.6	5.9	4.2	22.8	16.4	16.2	12.7	10.6	6.9	6.4	4.6
10th Grade	16.6	12.7	11.2	9.1	35.0	35.0	31.4	27.8	19.8	16.7	15.6	13.9
12th Grade	25.5	19.8	19.8	16.3	47.5	44.3	44.1	42.2	22.7	21.0	21.9	20.7
	Heroin				Ecstasy				LSD			
	2001	2002	2004	2007	2001	2002	2004	2007*	2001	2002	2004	2007
Maryland												
6th Grade	0.3	0.3	0.2	0.4	0.4	0.4	0.3	0.3	0.6	0.4	0.3	0.4
8th Grade	1.1	0.7	0.8	0.6	2.4	1.4	1.2	0.8	2.2	0.8	1.0	0.6
10th Grade	1.1	1.1	1.1	1.1	4.8	3.1	1.9	1.8	3.7	2.4	1.7	1.9
12th Grade	0.9	1.4	1.5	1.3	4.8	3.6	2.7	2.6	3.7	2.7	2.1	2.2
	Cigarettes				Alcohol				Marijuana			
	2001	2002	2004	2007	2001	2002	2004	2007	2001	2002	2004	2007
National												
8th Grade	12.2	10.7	9.2	7.1	21.5	19.6	18.6	15.9	9.2	8.3	3.4	5.7
10th Grade	21.3	17.7	16.0	14.0	39.0	35.4	35.2	33.4	19.8	17.8	15.9	14.2
12th Grade	29.5	26.7	25.0	21.6	49.8	48.6	48.0	44.4	22.4	21.5	19.9	18.8
	Heroin				Ecstasy				LSD			
	2001	2002	2004	2007	2001	2002	2004	2007	2001	2002	2004	2007
National												
8th Grade	0.6	0.5	0.5	0.4	1.8	1.4	0.8	0.6	1.0	0.7	0.5	0.5
10th Grade	0.3	0.5	0.5	0.4	2.6	1.8	0.8	1.2	1.5	0.7	0.6	0.7
12th Grade	0.4	0.5	0.5	0.4	2.8	2.4	1.2	1.6	2.3	0.7	0.7	0.6

*2008 Ecstasy data includes Designer Drugs, such as MDMA.

2007 Data Source

2007 Maryland and National Source: 2007 Maryland Adolescent Survey, Maryland State Department of Education, Division of Student, Family, and School Support, 9/15/08. Maryland data—pg. 57; National data—pg. 69.

Data is available by age, gender, race/ethnicity, age of first use, and jurisdiction. The report includes data on a number of other indicators of substance use, including percentage of students who have ever used specific substances, used in the last 12 months, engaged in binge use, frequency of use, and other factors.

The 2007 MAS is the first report published since the 2004 report.

Considerations

Standard sampling methodology was utilized to ensure that the results are reliable, consistent, and generalizable. See the MAS pg. 28 for further information.

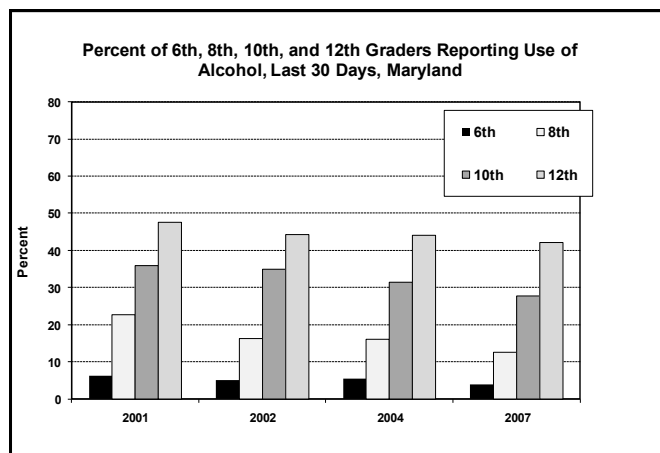
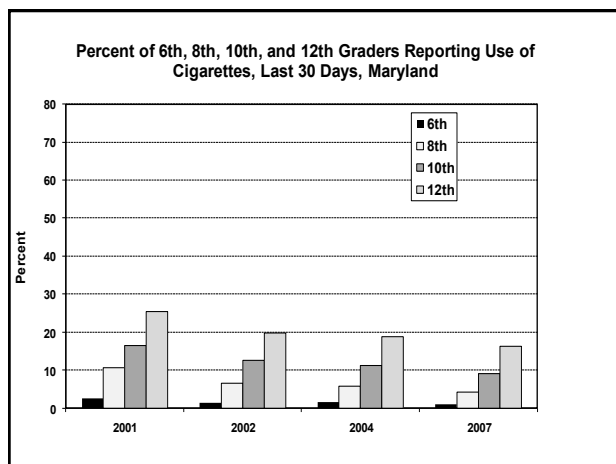
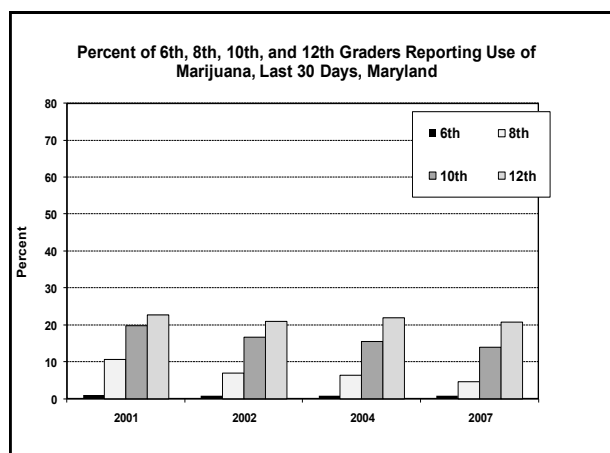
Related Measures

The National Institute on Drug Abuse publishes a *Monitoring the Future Study*, in which national substance abuse data is reported. This report is the original source for the national data used in the MAS, and thus in this report. (*Overview of Key Findings from Monitoring the Future Study*, 2007, National Institute on Drug Abuse.)

Story Behind the Data

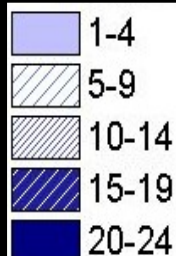
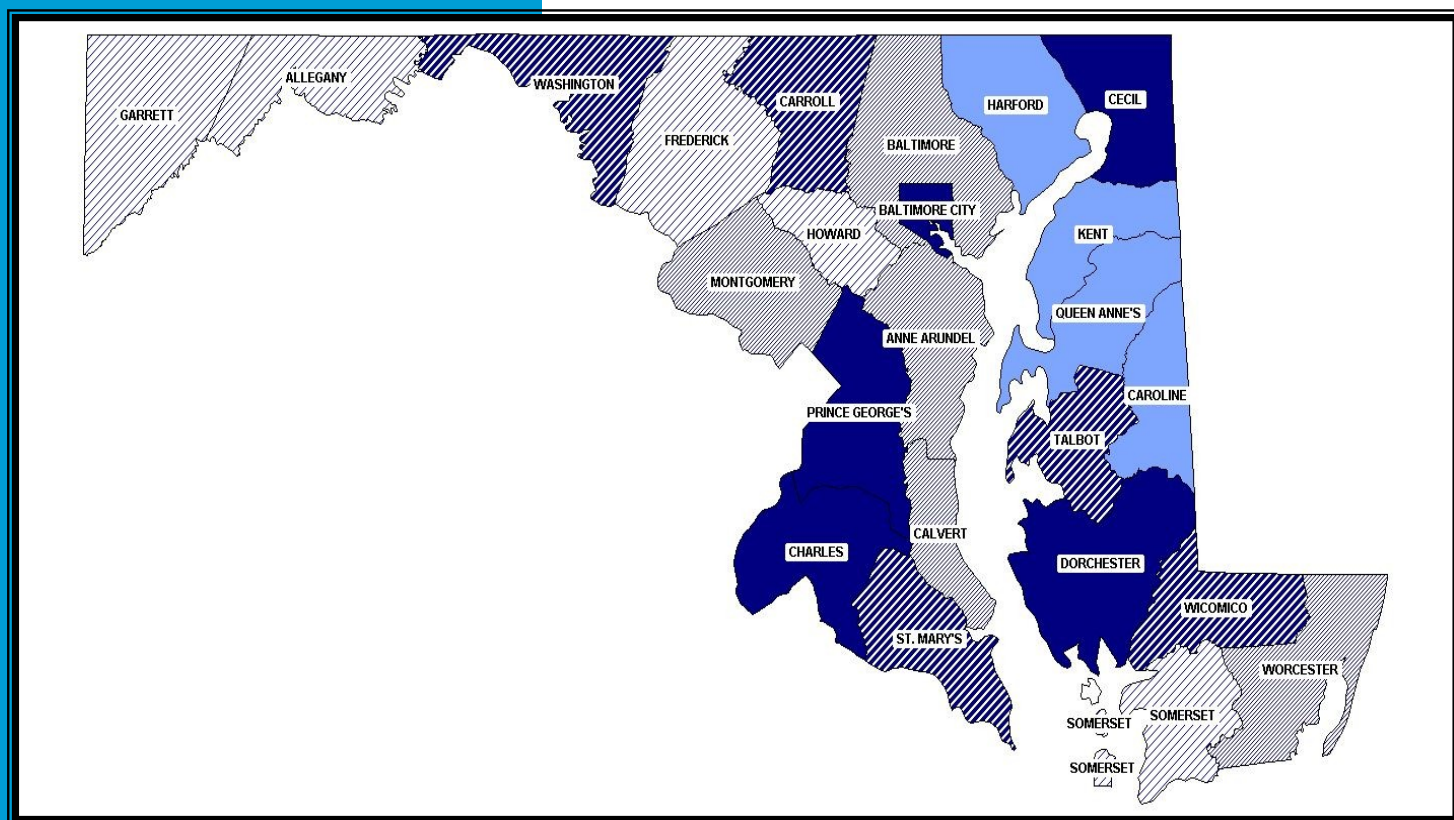
Compared to the 2004 data, Maryland adolescent use of alcohol and cigarettes declined in all grades surveyed. Marijuana use also declined among 8th, 10th, and 12th graders, but remained stable among 6th graders. The use of heroin increased slightly among 6th graders while remained stable or decreased for all other grades surveyed. Ecstasy use remained stable or decreased for all grades, and LSD use increase only among 6th and 10th graders.

While the general trend in substance use among older grades was down, the use of marijuana, heroin, ecstasy and LSD among 6th graders has remained flat or increased slightly since 2002. The significance of this trend is unclear but warrants some attention going forward.



CHILDREN ENTER SCHOOL READY TO LEARN

JURISDICTIONAL RANKING



1-4 = highest /best
20-24= lowest/worst

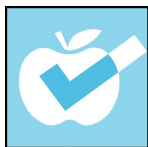
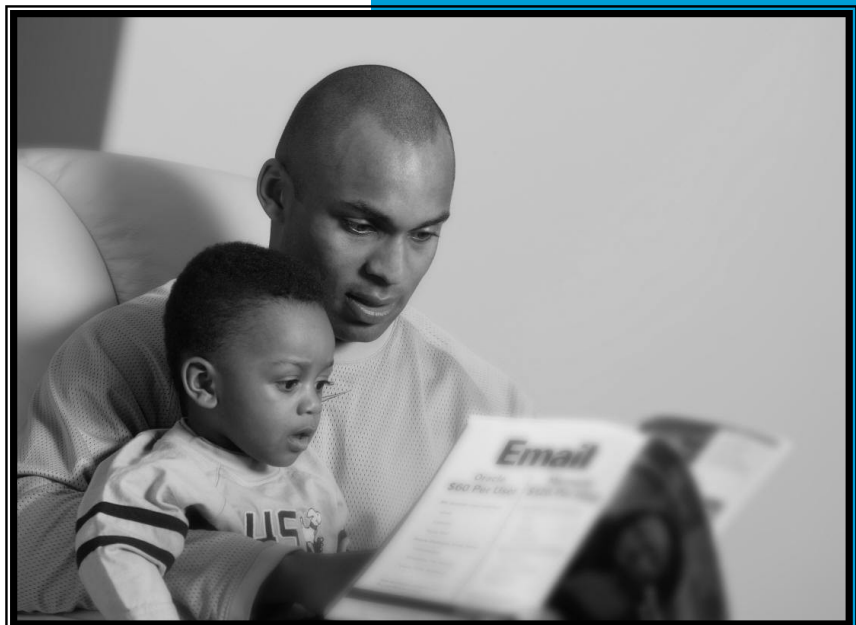
Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)

Kindergarten Assessment
(AY 2007-2008, Composite Score– Full Readiness)

Maryland Data

68%

CHILDREN ENTER SCHOOL READY TO LEARN INDICATORS



CHILDREN ENTER SCHOOL READY TO LEARN INDICATOR:

KINDERGARTEN ASSESSMENT: The percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

KINDERGARTEN ASSESSMENT

Indicator

Percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System™ Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

Definition

The three levels of readiness are based upon teacher ratings in the following seven domains: social and personal, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development. Full readiness is defined as consistently demonstrating skills, behaviors, and abilities that are needed to meet kindergarten expectations successfully. Approaching readiness indicates that a student is inconsistently meeting those goals and requires targeted instructional support. Students who are developing readiness do not successfully meet kindergarten readiness goals and require considerable support.

Significance

Recent neurological research strongly supports the belief that early learning experience prior to formal education is an essential foundation for later school success. Research on how young children learn encourages the assumption that improvement in school readiness will positively impact school performance, as measured by the results of future assessments administered statewide to Maryland students.

Baseline Data

KINDERGARTEN ASSESSMENT (reported by academic year)

Percent of students entering kindergarten demonstrating school readiness- by Academic Year, Maryland															
Academic Year	Full Readiness					Approaching Readiness					Developing Readiness				
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
Composite	55	58	60	67	68	36*	35	34	28	28	6	6	6	5	4
Social and Personal	62	63	63	68	68	31	30	30	26	27	7	7	7	6	5
Language and Literacy	45	48	50	56	58	44	41	40	35	35	11	11	10	9	8
Mathematical Thinking	49	54	56	63	63	40	36	35	30	30	11	10	9	8	7
Scientific Thinking	32	35*	38	45	47	55	53	52	47	45	13	12	11	8	7
Social Studies	41	44	46	54	57	50	47	45	39	38	10	9	8	7	6
The Arts	62	63	64	70	71	34	32	32	27	26	4	4	4	3	3
Physical Development	70	72	74	78	79	28	25	23	19	19	3	3	3	2	2

**Data revised since 2007 publication.*

2006 Data Source

Maryland Data - Ready to Learn - Maryland School Readiness Information 2007 - 2008, Maryland State Department of Education, Appendix B, page 1.

Data is also available by race/ethnicity, gender, prior care, special education, limited English proficiency, Free and Reduced Price Meals, and by local school system.

Considerations

The Work Sampling System™ Kindergarten Assessment is administered by local public schools. Data are collected by the Maryland State Department of Education (MSDE) and are available by jurisdiction. The Work Sampling System is a registered trademark of Pearson Assessments, Inc.

Related Measures

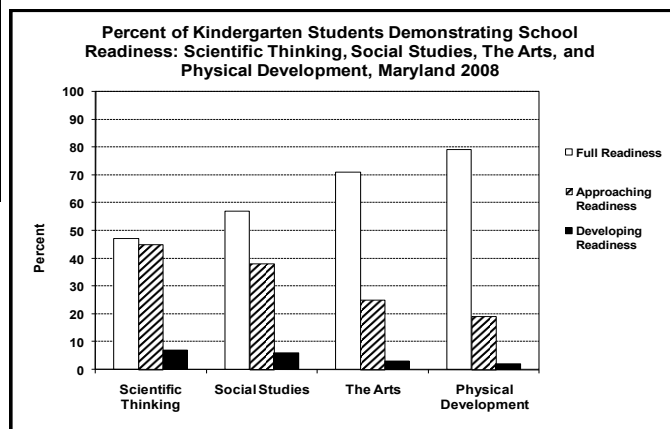
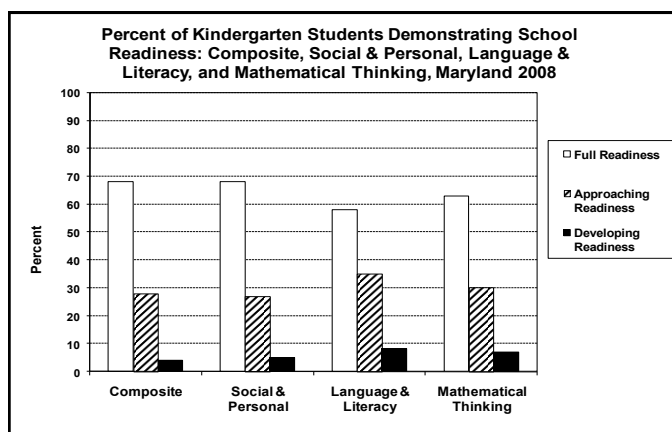
Kindergarten and future level grades are related to children's readiness for school and progress made in achieving basic social and learning skills, although aggregate data on this measure is not currently published. This may be an area of further study.

Story Behind the Data

As of the 2007-2008 school year, school readiness among all kindergartners in Maryland has been assessed for eight years. In 2007/2008, 68% of kindergarten students in Maryland were evaluated by their teachers as "fully ready," an a slight increase (1%) since the previous school year, but a significant 13% since the 2003-2004 school year.

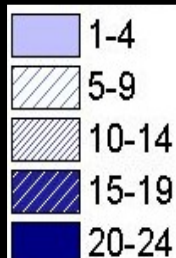
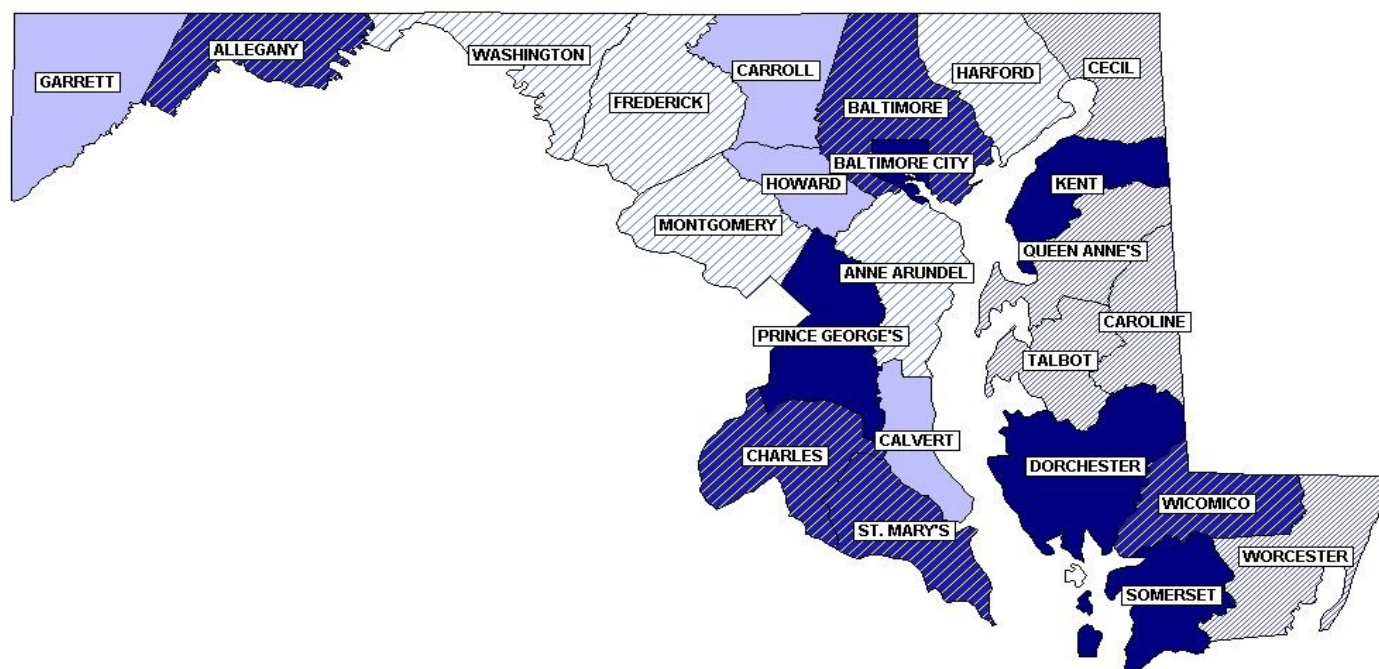
Kindergartners continue to demonstrate strongest readiness in the areas of Physical Development (79%), the Arts (71%), and Social & Personal Development (68%). Also, the statewide and jurisdictional efforts that focused on early language and literacy yielded large gains in Language and Literacy, Mathematical Thinking, Scientific Thinking, and Social Studies.

There is a statewide interagency Early Care and Education Committee that grew out of the Maryland Leadership in Action program, which used results accountability to develop an Action Agenda around this result. MSDE focuses considerable attention on improving this result, and many other organizations, agencies and community members have worked to improve the percentage of children who are entering school ready to learn.



CHILDREN SUCCESSFUL IN SCHOOL

JURISDICTIONAL RANKING



1-4 = highest /best
20-24= lowest/worst

Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)

Absence From School
(AY 2006—2007, percent of public school students)

Academic Performance
(AY 2007-2008, percent of 3rd, 5th, & 8th graders scoring Proficient or Advanced on Math and Reading MSA)

Demonstrated Basic Skills
(AY 2006-2007, percent of public school students passing the High School Assessments—Algebra, Biology, English 2, & Government)

Maryland Data

11.7%

(see page
40)

(see page
42)

CHILDREN SUCCESSFUL IN SCHOOL INDICATORS



CHILDREN SUCCESSFUL IN SCHOOL INDICATORS:



ABSENCE FROM SCHOOL: The percent of students in all grades who are absent more than 20 days annually from school.

ACADEMIC PERFORMANCE: The percent of public school students in grades 3 to 8 performing at basic, proficient, or advanced levels in reading and mathematics on the Maryland State Assessment (MSA). Students in grades 3 to 8 take the MSA in reading and math.

DEMONSTRATED BASIC SKILLS: The percent of public school students in grades 9 through 12 performing at the passing level in four core subjects: algebra, biology, English, and government.

ABSENCE FROM SCHOOL

Indicator

The percent of public school students absent more than 20 days of school annually.

Definition

Percent of students in all grades (public schools) missing more than 20 days of the school year (excluding summer school). School attendance data is calculated as the percentage of students present in school for at least half the average school day throughout the school year. This measure is consistent with the Maryland State Department of Education (MSDE) standard that students attend 94 percent of school days.

Significance

Absenteeism and truancy indicate a loss of learning opportunities, and have negative long-term consequences for students and communities. High levels of school absence are associated with a higher risk of school failure, high school dropout, delinquent behavior, substance abuse, and other high-risk behaviors.

Baseline Data

ABSENCE FROM SCHOOL (reported by academic year)

Percent of Public School Students Absent More Than 20 Days- by Academic Year, Maryland									
1997- 1998	1998- 1999	1999- 2000	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	2005- 2006	2006- 2007
12.9	13.7	12.3	12.3	11.3	13.0	13.1	13.4	13.0	11.7

2007 Data Source

Maryland Data - 2007 Maryland Report Card, Maryland State Department of Education, <http://msp.msde.state.md.us/index.aspx>.

Data is available by local school system, school, and special subgroups.

Considerations

The current data reporting system is structured to collect statistics for absences of more than 20 days. It is important to note that these data do not differentiate between students with “excused” versus “unexcused” absences. Included in the reasons listed by MSDE as a “lawful cause of absence” are death in the immediate family, illness of the student, hazardous weather conditions, observance of a religious holiday, suspension, and lack of authorized transportation, among others. It is up to the principal or vice principal to consult with the student and his or her parents or guardians as to whether or not an absence will be counted as lawful or unlawful. Local school systems maintain detailed data on reasons for absences.

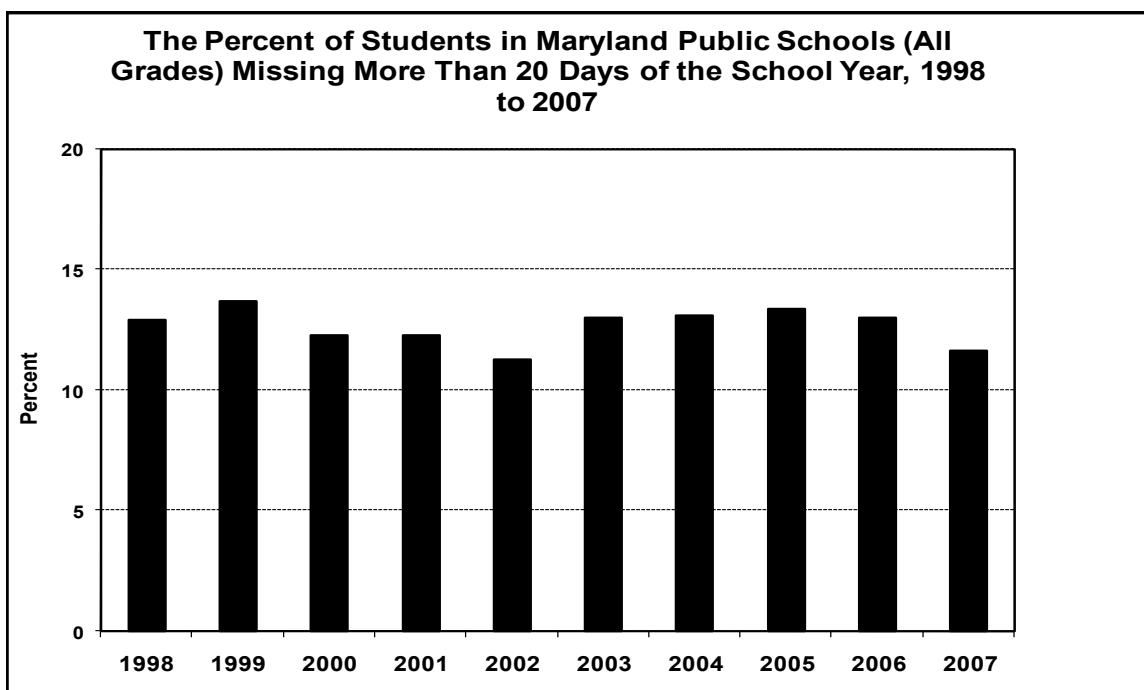
Additionally, this measure does not include students enrolled for fewer than 91 days during the school year.

Story Behind the Data

Maryland public schools recognize the significant role parents play in their children's education. Absentee rates from school are one measure of parent-school collaboration. Between 1998 and 2006, the percentage of students missing 20 or more decreased slightly from 12.9% to 11.7%. During that decade, however, the rate fluctuated from a high of 13.7% in 1999 to a low of 11.3% in 2002.

The Maryland State Board of Education's family involvement policy, adopted in October 2001, is supportive of the fact that when schools, families, and community organizations work together to support learning, children tend to do better in school, stay in school longer, and like school more. This comprehensive family involvement policy is committed to empowering parents to become involved in their children's education.

In addition to efforts by MSDE and local school systems, prevention plans are being created and implemented at the State and local levels as part of Maryland's Three Year Children's Plan (FY07-09). Many of these prevention plans address truancy and related issues in an effort to support positive youth development.



ACADEMIC PERFORMANCE

Indicator

The percent of public school students in 3rd to 8th grades scoring proficient or advanced on the Maryland School Assessment (MSA).

Definition

The percent of public school students in 3rd to 8th grades performing at proficient or advanced levels in reading and mathematics on the Maryland School Assessment (MSA)..

Significance

The MSA requires students in 3rd to 8th grades to demonstrate their knowledge of reading and math. The test produces a score that describes how well a student mastered the reading and math content specified in the Maryland Content Standards. Each child receives a score in each content area that categorizes his/her performance as basic, proficient, or advanced. This data provides parents, caregivers, teachers, and school administrators with objective information on where each student's academic progress.

Baseline Data

3rd to 8th GRADE MARYLAND SCHOOL ASSESSMENTS

Percent of students scoring at basic, proficient or advanced levels (reported by academic year)

Percent of Public School Students Scoring Basic, Proficient, or Advanced on the Maryland School Assessment—Academic Year 2006-2007, Maryland						
	Reading			Mathematics		
	Basic	Proficient	Advanced	Basic	Proficient	Advanced
3rd Grade	19.5	60.3	20.2	21.4	53.8	24.8
4th Grade	14.0	61.2	24.8	14.0	48.0	38.0
5th Grade	23.3	43.6	33.1	21.7	57.6	20.7
6th Grade	23.4	43.6	32.9	28.1	48.3	23.6
7th Grade	29.8	40.7	29.5	38.7	43.3	17.9
8th Grade	31.7	44.3	23.9	43.3	31.7	25.0

Percent of Public School Students Scoring Basic, Proficient, or Advanced on the Maryland School Assessment—Academic Year 2007-2008, Maryland						
	Reading			Mathematics		
	Basic	Proficient	Advanced	Basic	Proficient	Advanced
3rd Grade	17.0	66.1	16.9	17.4	55.9	26.7
4th Grade	11.5	60.5	27.9	11.4	46.2	42.4
5th Grade	13.3	35.7	51.0	19.5	55.1	25.4
6th Grade	18.2	38.8	42.9	24.2	44.0	31.8
7th Grade	18.8	38.3	42.9	31.8	46.5	21.7
8th Grade	27.2	38.7	34.1	38.1	32.8	29.0

2007 - 2008 Data Sources

Maryland Data - 2007 Maryland Report Card, Maryland State Department of Education, <http://msp.msde.state.md.us/index.aspx>.

Maryland Data—2008 Maryland Report Card, Maryland State Department of Education, <http://www.mdreportcard.org/downloadindex.aspx>.

Data is available by local school system, school, and special subgroups.

Considerations

The MSA was established in 2002 to meet the requirements of the federal No Child Left Behind Act. Students with severe cognitive disabilities who are pursuing an alternate course of study based on their Individualized Education Program (IEP) take the Alt-MSA, Maryland's alternate assessment.

Related Measures

Results for the Alt-MSA are also published in the 2007 Maryland Report Card, which can be found at <http://msp.msde.state.md.us/index.aspx>.

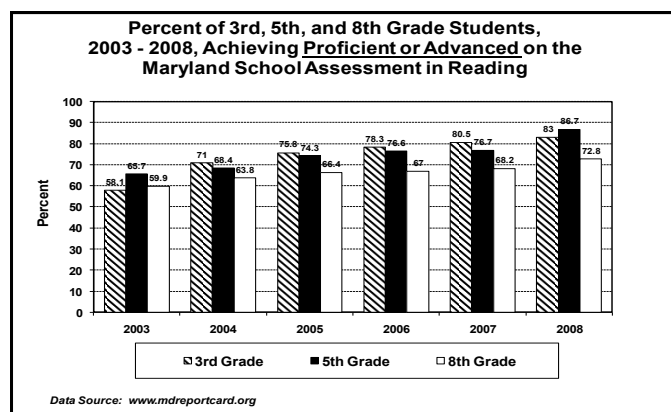
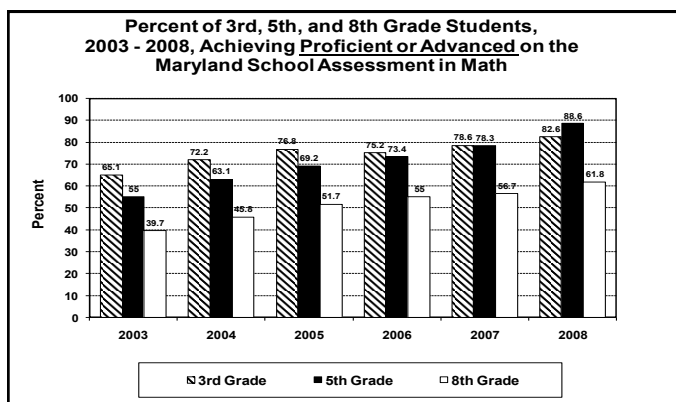
Story Behind the Data

The federal No Child Left Behind Act (NCLB) requires Maryland to monitor school progress, report the results to parents, and take action when schools are not making Adequate Yearly Progress (AYP). Each year, schools must meet performance goals in the category of All Students and in each student subgroup category in order to make AYP. There are a total of eight subgroups: five racial groups, students receiving special education services, students with limited English proficiency, and students receiving Free and Reduced-Price Meals. The performance goals for schools will increase each year until 2014, when the goal will be for 100% of students to demonstrate proficiency (or higher) in reading and math.

Achievement information for schools, school systems, and the state is published in the annual Maryland Report Card (www.mdreportcard.org). This report provides AYP charts for each public school and local school system, showing the school/system's progress on each NCLB performance goals.

In order to achieve AYP, a school must meet all its performance goals. A school that does not make AYP goals in the same subject for two consecutive years will be identified for State School Improvement, which is an opportunity for the school to work on improving the performance of one or more subgroups of students.

Over the past five academic years, the percentage of 3rd, 5th, and 8th grade students achieving proficient or advance in both reading and math has increased, bring Maryland close to the 2014 goal of 100% proficiency (or higher).



DEMONSTRATED BASIC SKILLS

Indicator

The percent of high school students demonstrating basic skills at the passing level on each of the four Maryland High School Assessments (HSA).

Definition

The percent of public school students in grades 9 through 12 performing at the passing level in four core subjects of the Maryland High School Assessment (HSA): Algebra, Biology, English 2, and Government.

Significance

The achievement of minimum academic standards affects graduation, adult achievement, future academic pursuits, and life skills.

Baseline Data

HIGH SCHOOL ASSESSMENTS – Percent of public school students scoring at the passing level for each of the four assessments (reported by academic year).

Percent of Public School Students Passing Each Maryland High School Assessment - by Academic Year, Maryland						
Subject Area	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Algebra	52.1	53.2	58.8	53.8	66.6	63.5
Biology	54.5	54.3	60.9	57.6	67.7	70.3
English 2	n/a	N/A	N/A	57.3	60.1	70.9
Government	57.3	60.2	65.9	66.4	74.2	73.5

2007 Data Sources

Maryland Data - 2007 Maryland Report Card, Maryland State Department of Education, www.mdreportcard.org

Data is available by local school system, school, and special subgroups.

Considerations

Students take each test at the completion of the corresponding course, therefore students may take these exams during any high school grade. The English 2 HSA replaced the English 1 HSA in Academic Year 2005.

Related Measures

As these assessments are required for graduation, high school graduation rates are a related measure. Data on high school graduation can be found at www.mdreportcard.org.

Story Behind the Data

In 2004, the State Board of Education ruled that, beginning with the class of 2009, public school students must pass the High School Assessments (HSA) to graduate.

There are two ways to pass the HSA to graduate:

- 1) Pass all four HSA tests with the scores listed below; or
- 2) Earn a combined score of at least 1602 on all four HSAs. This combined-score option allows students to offset lower performance on one test with higher performance on another.

For each HSA subject area, the range of possible scores is 240 - 650. The passing scores for each assessment are:

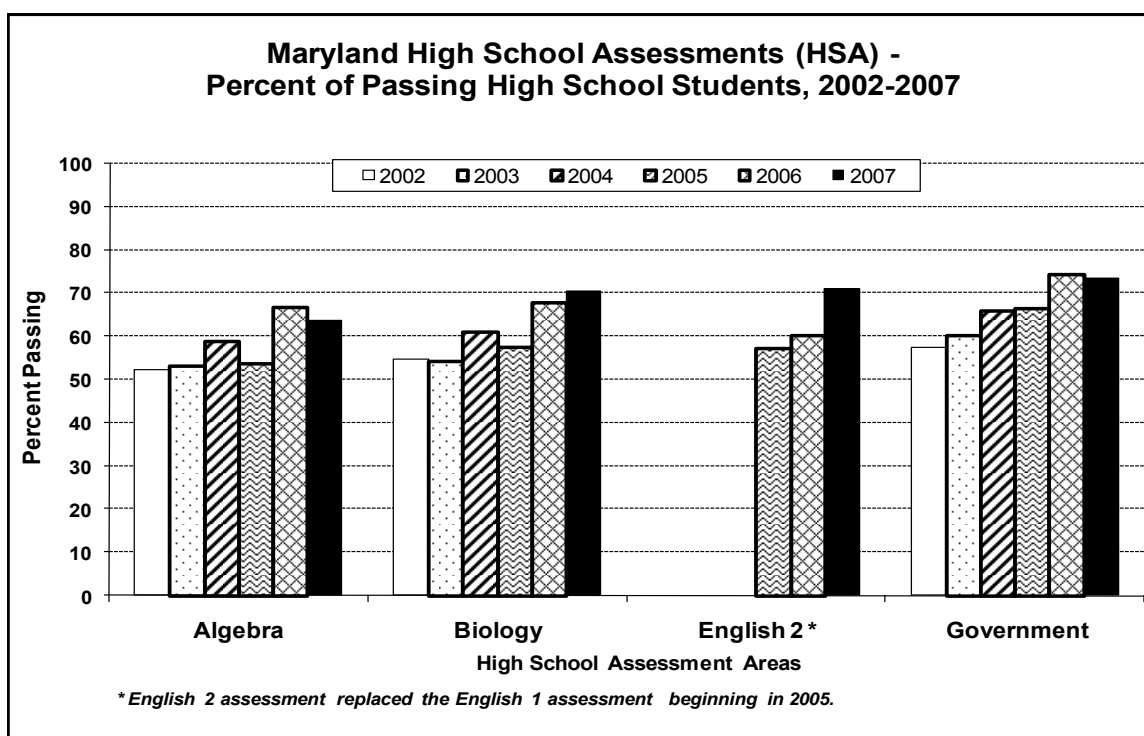
HSA Test	Passing Score
Algebra/Data Analysis	412
Biology	400
English	396
Government	394

Each assessment test contains both selected and constructed response questions and covers about 60% of a course's content. Each HSA takes approximately three and one-half hours to complete.

In Academic Year 2007, the percentage of students passing the HSAs in Biology and English continued to increase, although there were slight declines in both Algebra and Government. In 2005, there were similar declines in Algebra and Biology, but overall there has been a fairly steady increase in the percentage of passing students. Since AY 2002, there has been an 11.4% increase in the percentage of students passing the Algebra assessment, a 15.8% increase in the Biology assessment, and a 16.2% increase in the Government assessment. The English 2 assessment has only been in use since 2005, but there has already been a 13.6% increase in the percentage of students passing this assessment.

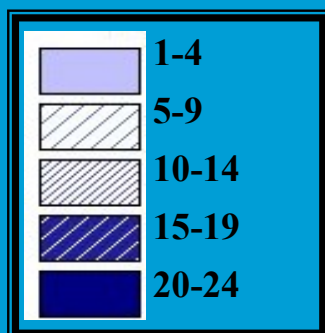
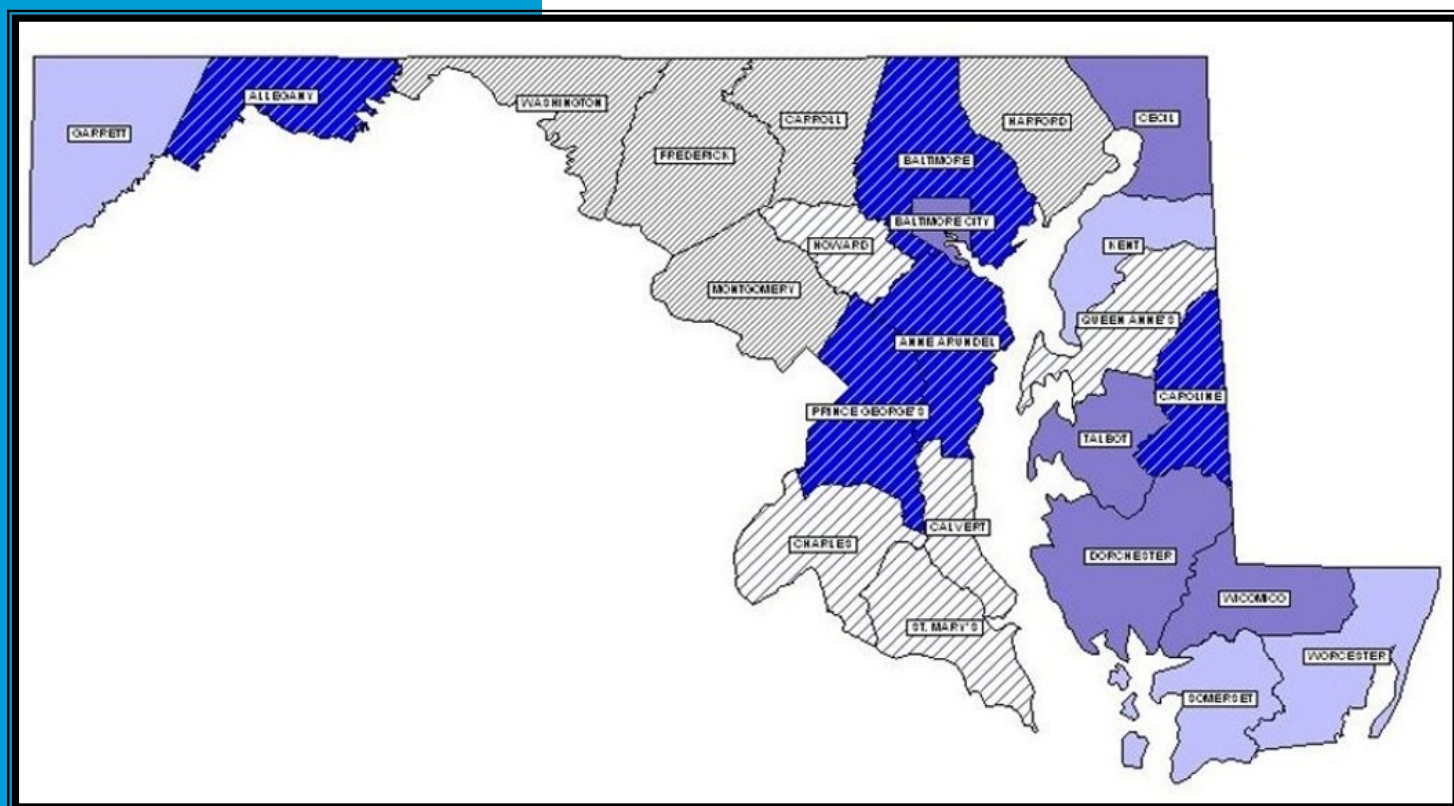
For students who do not pass the HSA, additional instruction is available through the local school systems, and students may retake the assessment multiple times. For students unable to pass the HSA after two attempts, the Bridge Plan for Academic Validation offers alternatives to the assessment (note: academic eligibility requirements must be met for this program).

Additional information and sample tests can be viewed by going to www.hsaexam.org or www.marylandpublicschools.org/msde and clicking on Testing/High School Assess-



CHILDREN COMPLETING SCHOOL

JURISDICTIONAL RANKING



1-4 = highest /best
20-24= lowest/worst

Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
High School Dropouts (AY 2007, percent of public school students who drop out of school)	3.4%
High School Program Completion (AY 2007, percent of public school graduates who complete post-secondary requirements)	82.1%
Graduation/School Completion of Children with Emotional Disturbance (2007, percent of students w/ ED who graduate/complete high school)	50%

CHILDREN COMPLETING SCHOOL INDICATORS



CHILDREN COMPLETING SCHOOL INDICATORS:

HIGH SCHOOL DROPOUTS: The percent of students in grades 9 through 12 who drop out of school in a single year.



HIGH SCHOOL PROGRAM COMPLETION: The percent of high school graduates who complete minimum course requirements needed for career and technology programs, or requirements needed to enter the University of Maryland, or who complete both.

HIGH SCHOOL DIPLOMA: The percent of persons 25 years of age and over with a high school diploma or equivalent.

GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH EMOTIONAL DISTURBANCES: The percent of children with Emotional Disturbances who graduate from or complete high school.

PERCENTAGE OF HIGH SCHOOL DROPOUTS

Indicator

The percent of students in grades nine through twelve who drop out of school in a single year.

Definition

The percent of public school students, grades 9 - 12, who withdrew from school before graduation or before completing a Maryland approved educational program during the July to June academic year, and are not known to have enrolled in another high school program during the academic year. This data includes students who drop out of summer, evening, and alternative high school programs.

Significance

Failure to complete high school is closely linked with decreased employment opportunities, low pay, and limited paths to advancement.

Baseline Data

DROPOUT RATE — Percent of students (reported by academic year)

Percentage of Public High School Students who Drop Out of School - by Academic Year, Maryland and National										
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Maryland, grades 9—12	4.2	3.9	3.9	3.7	3.4	3.9	3.7	3.6	3.5	3.4
National, grades 10—12	5.0	4.8	5.0	3.6	4.0	4.7	3.8	3.8	*	*
*2007 and 2008 National data is unavailable.										

2005 - 2008 Data Sources

Maryland Data - 2007 and 2008 Maryland Report Cards Maryland State Department of Education, www.mdreportcard.org.

Data is available by local school system, school, and special subgroups.

National Data (2005) - *Dropout Rates in the United States: Compendium Report, June 2007*, National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, Table 3, page 23, <http://nces.ed.gov/pubs2007/2007059.pdf>.

National Data (2006) - Maryland State Department of Education.

Considerations

National data is based on surveys of individuals ages 15 - 24 who dropped out of grades 10-12. State data, however, represents the actual percentage of enrolled students who dropped out during the academic year.

Related Measures

Local school systems have data on the various reasons students drop out of school. These reasons often include expulsion, pregnancy, and parenthood. Additionally, the US Census Bureau collects two related measures: people (age 20-24) who have not completed high school and teenagers (age 16-19) who are not enrolled in school and are not high school graduates.

Story Behind the Data

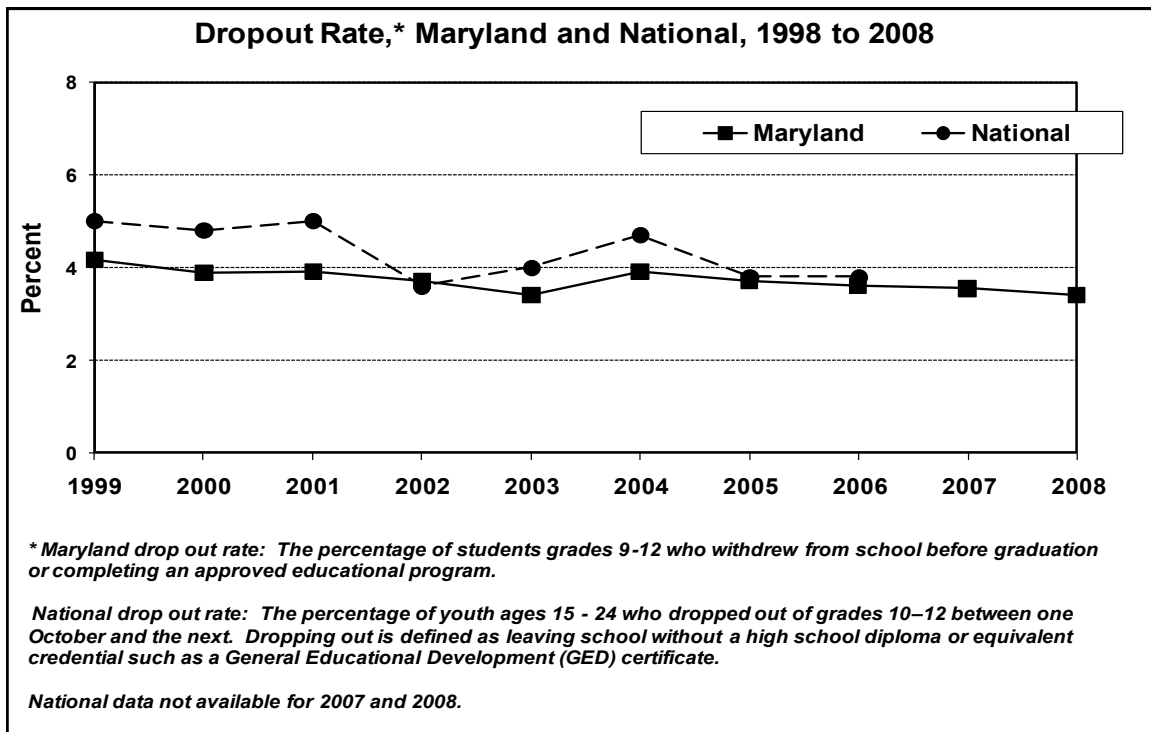
In 2007, Maryland ranked 23rd in the nation for the percent of teens, ages 16 - 19, who were assumed to be high school dropouts (not enrolled in high school and not high school graduates); the percentage for both Maryland and the nation was 7%. (The Annie E. Casey Foundation, Kids Count Data Center, http://www.kidscount.org/datacenter/compare_results.jsp?i=440).

Although Maryland's 2007 percentage of teens age 16-19 was the same as the national percentage for teens who were high school dropouts, the percentage of high school students who drop out of school has been slightly lower than the national average for the past decade. As the former data includes all teens ages 16-19, the former data includes only those students originally enrolled in school; it is important to be cognizant of the different populations represented by these statistics.

The larger population of teens 16-19 includes both adolescents who have recently dropped out of school, and those who have been out for several years. This diverse group will have a wide variety of needs and learning skills, which could impact their ability to reenter high school, and/or enter a GED or alternative learning program or trade program. Further data analysis would be needed to tailor services to specific target populations.

The smaller proportion of students who drop out during a specific school year, however, may be amenable to programs targeted at reentry into high school, especially when targeted at addressing the immediate causes of drop out. School systems may have the most success in reenrolling these students, as opposed to students who have been out of school for a longer time period.

In 2008, the percentage of public high school students who dropped out of high school declined slightly, from 3.5% in 2007, to 3.4% in 2008. This continues a general downward trend since 1998.



HIGH SCHOOL PROGRAM COMPLETION

Indicator

The percent of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland, to complete an approved Career and Technology Education program, or who completed requirements for both.

Definition

The percentage of public high school graduates who successfully completed at least the minimum course requirements in one of the following three categories:

- Course work that would qualify them for admission to the University System of Maryland;
- An approved Career and Technology Education program; or
- Both sets of requirements.

Significance

The completion of program requirements indicates students' potential readiness for post-secondary education and/or employment.

Baseline Data

HIGH SCHOOL PROGRAM COMPLETION – Percent of graduates who complete the various post-secondary requirements (reported by academic year)

Percentage of Public High School Graduates Completing Post-Secondary Requirements - by Academic Year, Maryland			
Academic Year	University System of Maryland	Career & Technology Education Programs	Both
1999	58.3	14.3	8.7
2000	57.7	14.2	9.7
2001	57.8	14.6	10.7
2002	52.2	15.9	11.3
2003	54.1	15.3	10.8
2004	55.7	14.7	10.3
2005	57.0	13.5	12.0
2006	57.6	12.3	12.5
2007	55.7	12.7	13.2
2008	59.5	11.9	10.7

2007—2008 Data Sources

Maryland Data - 2007 and 2008 Maryland Report Cards, Maryland State Department of Education, www.mdreportcard.org.

Data is available by local school system, school, and special subgroups.

Considerations

It is important to note that the minimum required course work at the passing level might not be sufficient to predict success at the college level, nor does this data predict academic/work pursuits chosen by students after graduation.

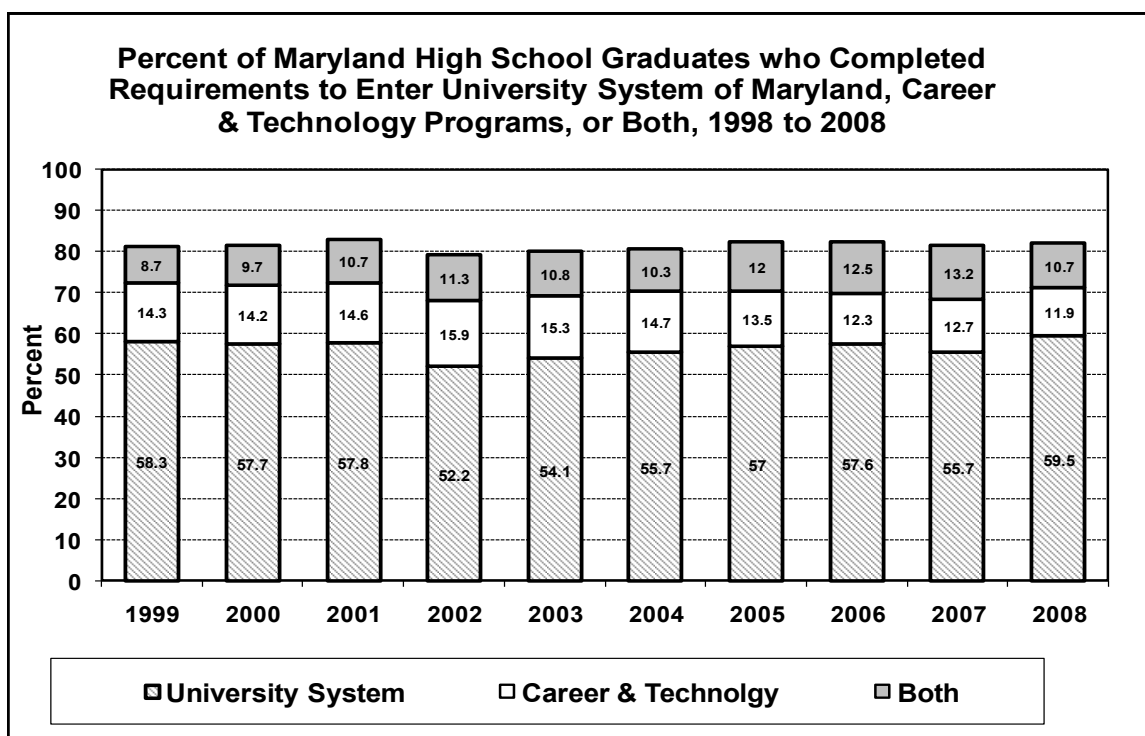
Related Measures

Data regarding high school graduates' plans for further education, work, and military is reported by the Maryland State Department of Education (www.mdreportcard.org).

Story Behind the Data

Between 1998 and 2007, the percentage of graduates who complete the requirements for both the University System of Maryland and the Career and Technology Education program had nearly doubled: in 1998, only 6.8% of graduates completed both sets of requirements, compared to 13.2% in 2007. During this same time period, the percentage of graduates completing each individual track has declined slightly (less than 2% for each track).

In 2008, however, the percent of students completing both tracks declined to 10.7%, the lowest percent since 2001. Meanwhile, the percent of students completing the University System of Maryland requirements rose to 59.5%, the highest in over a decade. The percent of students completing only the Career and Technology Education program, however, fell to its lowest in the same time period, 11.9%.



HIGH SCHOOL DIPLOMA

Indicator

The percent of persons 25 years of age and over with a high school diploma or equivalent.

Definition

The percent of all persons 25 years of age and over residing in Maryland who have a high school diploma or equivalent.

Significance

Completing high school is closely linked with increased employment opportunities, higher pay, and expanded paths to advancement.

Baseline Data

EDUCATIONAL ATTAINMENT - Percent of persons 25 years and over with a high school diploma or equivalency (reported by calendar year)

Percent of Individuals 25 Years and Older with a High School Diploma or Equivalent — by Calendar Year, Maryland and National											
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maryland	84.7	84.7	84.7	85.7	88.1	87.5	87.6	87.4	86.9	87.2	87.4
National	82.1	82.8	83.4	84.1	84.1	84.1	84.6	85.2	85.2	85.5	84.5

2007 Data Sources

Prior to 2007: US Census - *Table 13 Education Attainment in the United States*, Current Population Survey, US Census Bureau (<http://www.census.gov/population/www/socdemo/educ-attn.html>).

2007 Data: Table R1501. Percent of People 25 Years and Over Who Have Completed High School (Includes Equivalency): 2007, American Community Survey/American Fact Finder, US Census Bureau, <http://factfinder.census.gov/servlet/GRTTable?>

Considerations

2007 data is taken from a different source at the US Census than previous data. The 95% Confidence Interval for the 2007 Maryland data is $\pm 0.3\%$, and for the national data it is $\pm 0.1\%$

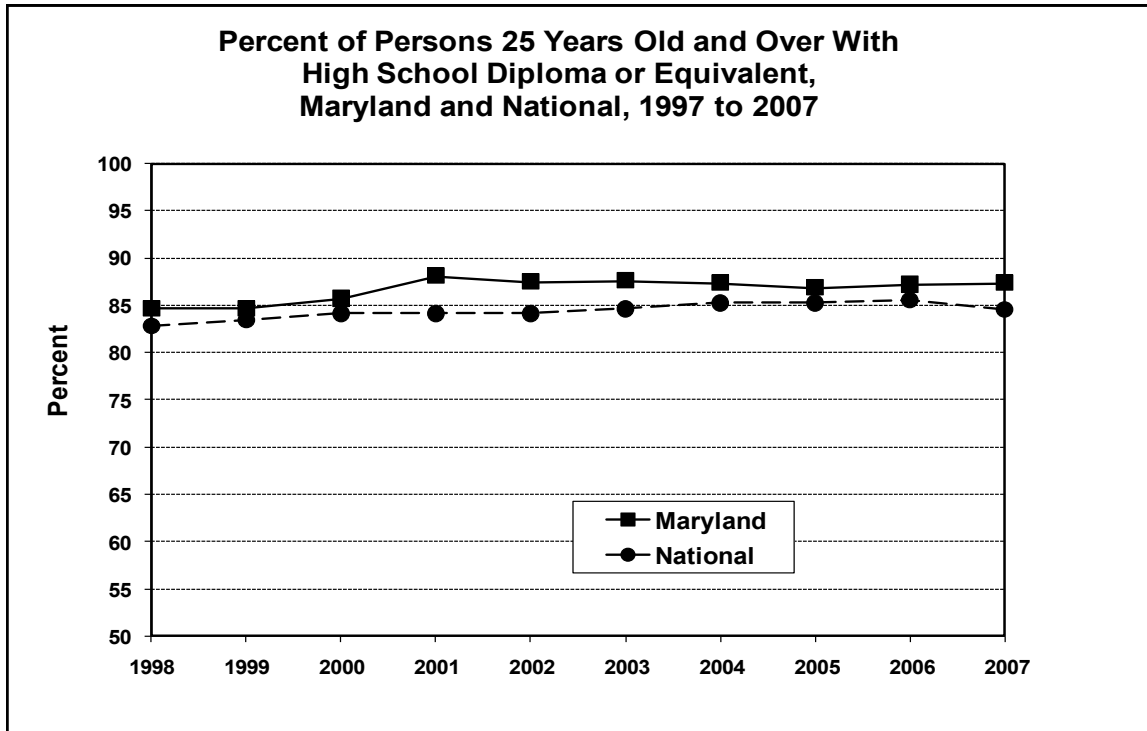
Related Measures

The percent of individuals 16—24 who are either in a high-school or high school equivalent educational program, or who have already earned a high school diploma or equivalent.

Story Behind the Data

In Maryland and nationally, the percentage of adults 25 years old and over with a high school diploma or an equivalent credential has increased steadily. Every year from 1997 to 2007, Maryland has exceeded the national percentage. This measure is important because obtaining a high school diploma or its equivalent is a measure of the extent to which these adults have mastered the basic reading, writing, and math skills needed to function in the 21st century. It also represents the extent to which adults 25 years and over have completed a prerequisite for many entry-level jobs, as well as higher education.

High school graduates earn substantially more than persons who leave high school without graduating. For example, in 2005, median annual earnings for male full-time, full-year wage and salary workers ages 25 and over were \$31,683 for high school graduates (or those with high school equivalency) compared to \$22,138 for those male workers who had educational attainment of less than high school completion. For women, the gap was similar. Female full-time, full-year workers ages 25 and over with a high school degree earned a median annual salary of \$20,179, compared to \$13,076 for those who had attained less than high school completion (2005 American Community Survey).



GRADUATION/SCHOOL COMPLETION

Indicator

Percent of children with Emotional Disturbances (ED) who graduate from or complete high school. Prior to the passage of IDEA (Individuals with Disabilities Education Act), ED was referred to as Serious Emotional Disturbance (SED).

Definition

Percent of children with ED who exit special education by graduating or completing school. The denominator does not include those students with ED who exited the program to return to general education or to transfer to another program. The denominator does include those students who reached maximum age, dropped out, were expelled (1994-1997), or exited with a diploma or certificate.

Significance

High school graduation/completion is an indicator of adequate functioning for children with mental illness. The National Mental Health Association found that children with emotional disturbances have the highest school dropout rate of any group of children with disabilities (The National Mental Health Association, 1993). More recent research has found that “over half the adolescents in the United States who fail to complete their secondary education have a diagnosable psychiatric disorder. The proportion of failure to complete school that is attributable to psychiatric disorder is estimated to be 46%”(Stoep, Weiss, Kuo, Cheney & Cohen, 2003, abstract).

Baseline Data

GRADUATION/COMPLETION RATE - Exit data: percent of students with disabilities diagnosed with emotional disturbance (reported by calendar year).

Percent of Students with Emotional Disturbances Who Graduate or Complete School—by Calendar Year, Maryland and National

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maryland	54.4	61.2	61.4	55.3	57.8	56.8	54.9	54.1	50.7	50
National	46.5	49.1	48.4	47.2	53.4	54.5	58.1	51.6	53.4	55.4

2007 Data Sources

2006 National Data— *Table 4-1 Students ages 14 through 21 with disabilities served under IDEA, Part B, who exited school, by disability category, exit reason and state: Fall 2006-07*, <https://www.ideadata.org/PartBdata.asp>.

2007 Maryland Data— Maryland State Department of Education, unpublished data.

Considerations

Several factors must be considered regarding school identification of children with ED: differing diagnostic procedures and populations across counties affect enrollments; and, other characteristics of the population and available resources also affect enrollment and school completion. The reporting of the national data has changed slightly beginning with the 2003 data, which may create some discrepancies with historical data.

Related Measures

In selecting this indicator, consideration was also given to the number of children receiving mental health services. These data are limited in availability. Further, it was recognized that it would be difficult to determine whether an increase in this number would be considered positive or negative in terms of children's outcomes.

Story Behind the Data

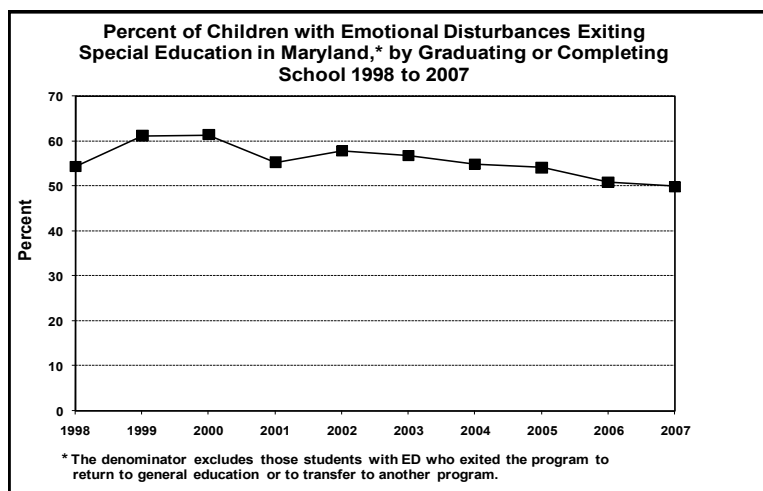
The percentage of students with emotional disturbances who graduated/completed high school has been declining since 2003, and declined by 3.4 percentage points in just the most recent year. The numbers have fluctuated substantially over the years, likely in part due to the overall low number of youth with emotional disturbances reported to be exiting (high of 1,086 in 2005).

In an effort to increase the graduation rate for students with ED and to enhance the quality of life for students and their families, MSDE has taken a number of steps to provide comprehensive support to families, school systems, and communities.

These steps include assisting local schools in the educational development of children and youth with ED, fostering better interagency collaboration, and providing technical assistance to local school systems and state-operated programs to assure appropriate and necessary staffing for educational services.

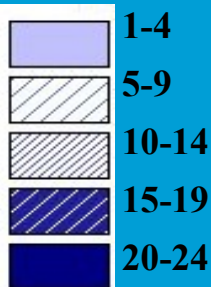
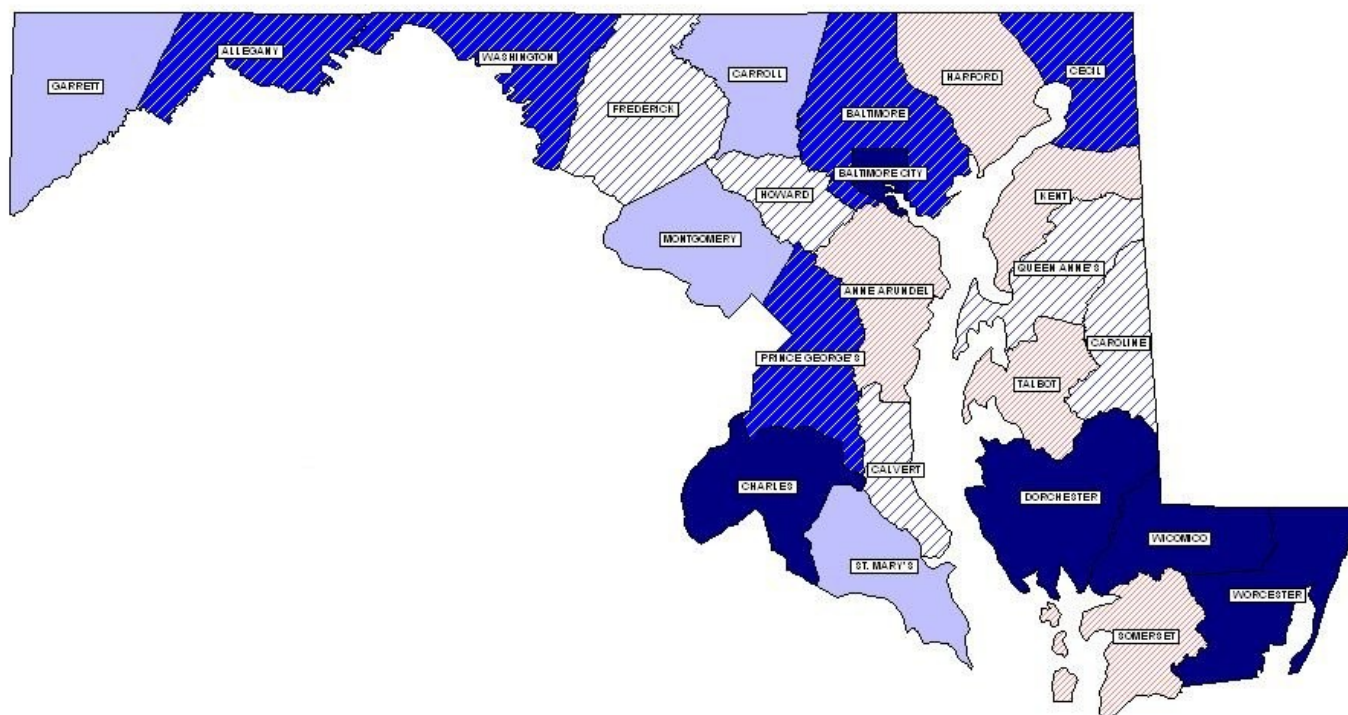
Many of Maryland's schools have adopted a systems approach to enhancing the capacity of schools to sustain the use of effective practices for all students through the use of Positive Behavioral Interventions and Supports (PBIS). This approach assists schools in moving toward school-wide behavior systems that address the entire school and student population, including individual students with challenging behaviors. In 2004, nearly 80 schools were trained in PBIS, and, since 1999, 465 schools have received initial training in the implementation of school-wide PBIS, which represents over 33% of the public schools in the State. It is anticipated that by 2010 approximately 50% of Maryland schools will have successful implementation of PBIS. PBIS is viewed as a complement to individual behavioral plans for those children and youth with more intensive needs (National Technical Assistance Center on Positive Behavioral Interventions and Supports, n.d.).

Additionally, the Maryland School Mental Health Alliance has been formed, representing partners from the State, universities, families, and providers. The Alliance will, in part, be assisting in better integrating mental health systems into the PBIS structure for students with more intensive mental health needs. The Alliance will also be helping to create tools and resources for students and families with mental health and behavioral concerns. Additional supports for children with emotional disturbances include mental health counselors, psychologists, and pupil personnel workers. More information can be obtained at www.marylandpublicschools.org.



CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

JURISDICTIONAL RANKING



1-4 = highest /best
20-24= lowest/worst

Indicators Used to Determine Jurisdictional Rankings

(year of most current data and population)

Abuse or Neglect
(FY 2008, rate of CPS investigations rules Indicated or
Unsubstantiated, per 1,000 children under 18)

Deaths Due to Injuries
(CY 2006, rate per 100,000, children ages 0-19)

Juvenile Arrests
(CY 2007, rate of arrests, per 100,000 youth
ages 10-17)

Maryland Data

8.5

Accident—9.9
Homicide—6.4
Suicide—1.4

Violent Offense - 562
Serious Non-Violent
Offense - 1873

CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

INDICATORS



CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES INDICATORS:

ABUSE OR NEGLECT: The rate of child abuse or neglect investigations ruled as indicated or unsubstantiated.

DEATHS DUE TO INJURY: The rate of injury-related deaths to children.

JUVENILE VIOLENT OFFENSE ARRESTS: The rate of arrests of youth ages 10-17 for violent offenses.

JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS: The rate of arrests of youth ages 10-17 for serious non-violent offenses.

DOMESTIC VIOLENCE: The rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources.

ABUSE OR NEGLECT

Indicator

The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated.

Definition

Rate (per 1,000 children under 18) of child abuse or neglect Child Protective Service investigations ruled “indicated” (where credible evidence is not satisfactorily refuted) or “unsubstantiated” (where insufficient evidence is found to support a finding as either indicated or ruled out).

Significance

The indicator measures the extent to which adults threaten children’s security. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk for delinquency and mistreatment of their own children.

Baseline Data

RATES OF INDICATED AND UNSUBSTANTIATED CHILD ABUSE AND NEGLECT (reported by state fiscal year)

Rate of Child Protective Services Investigations, per 1,000 children under age 18 - by Fiscal Year, Maryland											
Rate per 1,000	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007*	2008
Indicated	6.2	6.3	6.2	5.8	5.5	5.3	4.6	4.4	3.8	N/A	4.3
Unsubstantiated	6.0	6.3	5.9	6.0	6.3	6.1	5.5	5.4	4.1	N/A	4.3
Total	12.3	12.6	12.1	11.8	11.8	11.4	10.1	9.9	7.8	N/A	8.5

*2007 data not currently available due to conversion to MD CHESSIE.

2008 Data Sources

2008 Maryland Data Sources:

Department of Human Resources, State Stat data on the number of investigations.

US Census Bureau, Population Division, *Table 1: Estimates of the Population by Selected Age Groups for the United States, States, and Puerto Rico: July 1, 2007 (SC-EST2007-01)*, <http://www.census.gov/popest/states/asrh/SC-EST2007-01.html>.

Rate calculation by GOC staff.

Considerations

It is likely that the data presented represents a conservative estimate of the true incidence of abuse and neglect in Maryland, for several reasons. Unfortunately, there are always a number of cases of abuse and neglect that are unreported. Increased community awareness, protection and services for victims, and anonymity for reporters maximize the odds that an incidence of abuse or neglect will be reported, but these efforts can not guarantee that *all* incidents of abuse and neglect are reported. Additionally, of those cases that are investigated, cases which lack sufficient evidence are determined to be “unsubstantiated;” in some of these cases, however, it is possible that abuse or neglect occurred.

Related Measures

The table below shows the types of abuse and neglect reported for both Indicated and Unsubstantiated cases during FY 08.

Findings Breakdown, FY 2008 CPS Investigations, Maryland

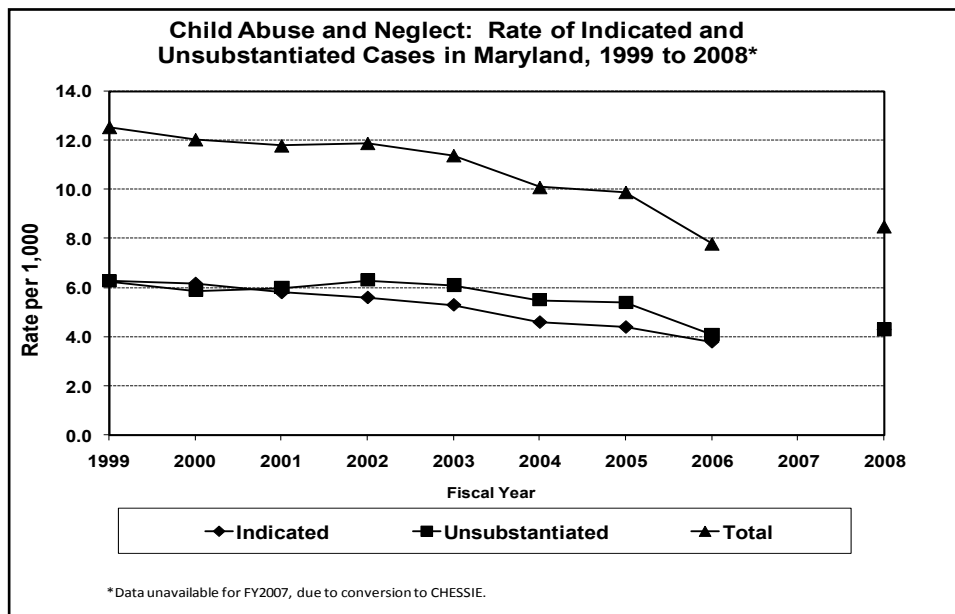
	Indicated	Unsubstantiated
Physical Abuse	1,380	2,114
Sexual Abuse	1,083	635
Neglect	3,311	3,024
Mental Injury Abuse	16	17
Mental Injury Neglect	25	5

Source: Department of Human Resources

Story Behind the Data

The rate of indicated reports increased slightly in FY08, although the overall 10-year trend appears to be declining. The rate of unsubstantiated reports of child abuse and neglect appears to be declining slightly over a ten-year period.

Child abuse and neglect can be affected by many family factors, the most common being substance abuse, mental health issues, and poverty. Effective services, therefore, must address these issues as well as the immediate safety risks to the family's children. Family-Centered Practice, currently being piloted in several jurisdictions, uses service plans based on comprehensive assessments, and increases families' capacity to protect their children. Family Involvement Meetings encourage family participation in making decisions about children's placements; in Anne Arundel County, this process has reduced the number of children placed out of home by 31% since FY 2004.



DEATHS DUE TO INJURY

Indicator

The rate of injury-related deaths among children.

Definition

The rate of injury-related deaths, per 100,000 children ages 0-19, in three broad injury categories: accidents (motor vehicle or other), homicide, or suicide.

Significance

This indicator is associated with social, economic, and environmental threats to a child's life, including risk and exposure to violence, lack of access to medical resources, and mental health risks. Any child death clearly represents the worst outcome for children and families.

Baseline Data

CHILD DEATHS DUE TO INJURIES — Deaths due to injuries per 100,000 children ages 0-19 years (reported by calendar year)

Rate of Injury-Related Death Among Children, Ages 0-19, (rate per 100,000 children) - by Calendar Year, Maryland										
All races	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006
Accidents	11.0	10.8	12.1	9.7	11.7	10.7	11.3	11.1	9.3	9.9
Homicide	8.0	8.6	7.5	5.8	6.3	7.2	7.1	6.4	5.7	6.4
Suicide	1.6	1.8	2.1	2.3	2.0	2.3	1.9	1.6	2.0	1.4
African American	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006
Accidents	15.5	13.2	11.4	11.4	11.6	13.0	11.4	13.0	9.2	8.9
Homicide	22.2	22.4	19.5	15.0	16.2	17.7	18.3	14.9	12.7	15.3
Suicide	1.1	1.3	2.1	2.5	1.6	1.8	0.8	0.8	2.1	1.5
White	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006
Accidents	9.3	9.4	13.2	9.8	11.9	9.4	11.6	10.4	9.7	11.2
Homicide	1.0	1.9	1.5	1.6	1.2	1.8	1.6	2.1	2.0	1.8
Suicide	2.0	2.1	2.2	2.5	2.5	2.6	2.4	2.2	1.8	1.4
All other races	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006
Accidents	3.1	13.5	2.8	3.5	6.1	10.8	6.6	6.4	5.3	2.5
Homicide	7.7	6.0	5.7	0.7	3.7	4.0	1.3	0.0	2.6	0.0
Suicide	0.0	0.0	0.0	0.7	0.0	1.3	2.6	0.0	3.9	1.2
*In 1999 the International Classification of Diseases (ICD) were revised from version 9 to version 10. The injury events tracked for this indicator are highly comparable between the ICD 9 and 10 coding systems.										

2006 Data Source

2006 Maryland Data - Maryland Vital Statistics Annual Report 2006, Vital Statistics Administration, Department of Health and Mental Hygiene (Tables 5A, 5D, and 5G, pages 63, 66, and 69)

Data is available by age, race, as well as by region and jurisdiction.

Unpublished data regarding numbers and causes of death provided by the Vital Statistics Administration of the Department of Health and Mental Hygiene

2006 Maryland Rate - Calculated by Governor's Office for Children staff.

Considerations

It may be desirable to use multi-year averaging and trend lines as well as large age groups in small jurisdictions.

Related Measures

Data on all child fatalities may be found in the “Healthy Children—Deaths” section, p.26. The average age of youth at time of death due to injuries can be seen in the table below.

Average Number of Deaths Due to Injuries, Annually, by Age Group, 2000—2005

Age	Under 1 Year	1 – 4	5—9	10—14	15—19
Average Number of Deaths	19	27	22	32	196

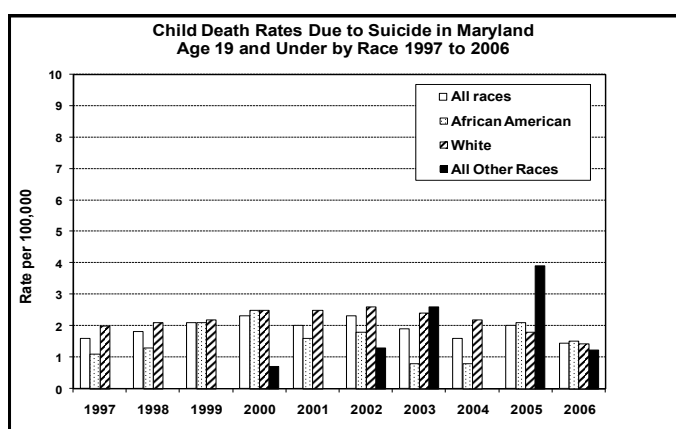
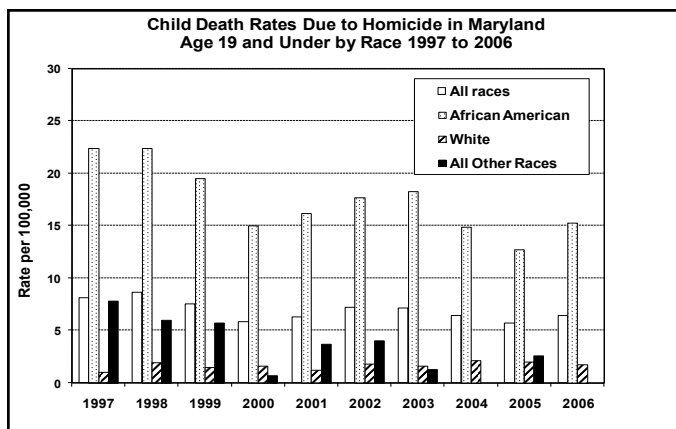
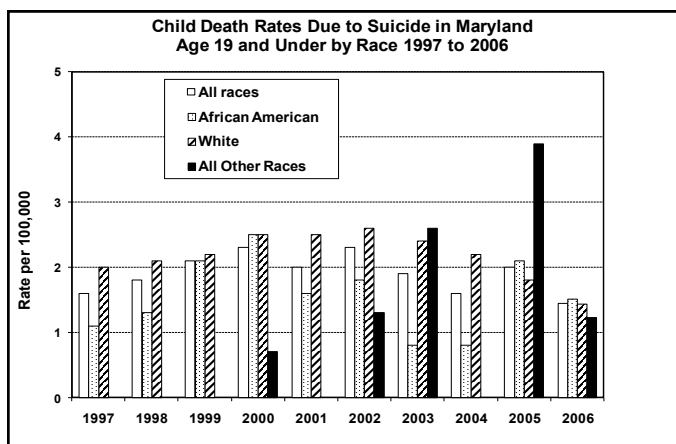
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [2008, September, 09]. Available from URL: www.cdc.gov/ncipc/wisqars
Analysis: Center for Health Promotion, Family Health Administration, DHMH

Story Behind the Data

As the table above shows, the number of deaths among older youth (ages 15-19) is substantially higher than among any other age group, as youth become older and take more risks. Teen driving and motor vehicle accidents represent a large proportion of deaths due to accidents (on average, 77 per year for ages 15—19, for 2000—2005, same data source as table above).

The rate of deaths due to accidents remains the highest cause of deaths due to accidents when considering the youth population as a whole, but when separated by race, the rate of death by homicide is seen to be higher for African Americans than for other types of injurious deaths. Additionally, the rate of homicides among African American youth is substantially higher than for white youth. In 2006 there were 81 homicides of youth, and in 2007 there were 79 (Maryland Vital Statistics Administration, DHMH Analysis: Center for Health Promotion, Family Health Administration).

There appears to be a decreasing risk trend for completed suicide among Maryland youth and children, although for all racial distinctions other than white the frequencies were too rare to calculate reliable rates on an annual basis. Maryland continues, however, to rank lower than the national average for suicide rates.



JUVENILE VIOLENT OFFENSE ARRESTS

Indicator

The rate of arrests of youth ages 10-17 for violent offenses.

Definition

The rate of arrests, per 100,000 youth ages 10-17, for violent criminal offenses: Non-negligent Manslaughter, Forcible Rape, Robbery, and Aggravated Assault.

Significance

Involvement in violent offenses increases the risk of injury or death, and continued criminal activity into adulthood. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school, and falling behind in one or more grade levels, increases the likelihood of involvement in delinquent activity.

Baseline Data

JUVENILE VIOLENT OFFENSE ARRESTS — Non-negligent Manslaughter, Forcible Rape, Robbery, and Aggravated Assault (reported by calendar year)

Rate of Arrests, per 100,000 Youth Ages 10 - 17, for Violent Offenses - by Calendar Year, Maryland										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Age 10-14	308	300	307	305	284	274	280	280	314	282
Age 15-17	929	879	912	891	834	891	884	833	1,018	988
Age 10-17	535	510	524	515	482	499	504	491	589	562

2006 - 2007 Data Sources

Crime in Maryland: 2006 Uniform Crime Report, Central Records Division, Maryland State Police, page 124.

Crime in Maryland: 2007 Uniform Crime Report, Central Records Division, Maryland State Police, page 124.

Data is available by age and classification of offenses.

For 2006 rate—population data: *Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene (Table 4, page 62).

Data is available by age groups, regions, jurisdictions, and race.

For 2007 rate—population data: *Population by Age (Single Year), Race, Sex and Hispanic Origin-State Data, Maryland—July 1, 2007*, Maryland State Data Center, Department of Planning, www.mdp.state.md.us/msdc/pop_estimate/estimate_00to07/CensPopEst00_07.htm.

Data is available by age, race, as well as by region and jurisdiction

Rate calculated by GOC staff.

Considerations

Population data used to calculate the 2007 rate was based on the Maryland Department of Planning data, while population data used in previous year's calculations was taken from the Maryland Department of Health and Mental Hygiene's *Maryland Vital Statistics Annual Report*. This may account for the decrease in juvenile arrest between 2006 and 2007.

The data used in calculating the rate of arrest may include repeated arrests of the same individual for different offenses within a given year. Additionally, this measure does not account for the number of youth adjudicated (i.e. found responsible by the court for the offense), which should be lower than the number of youth arrested, as some youth arrested are later found not responsible for the alleged offense(s).

Related Measures

Numbers and rates of youth referred to the Department of Juvenile Services (DJS) are related to juvenile arrest data, although some youth are referred to DJS from non-police sources. This data is available directly from DJS.

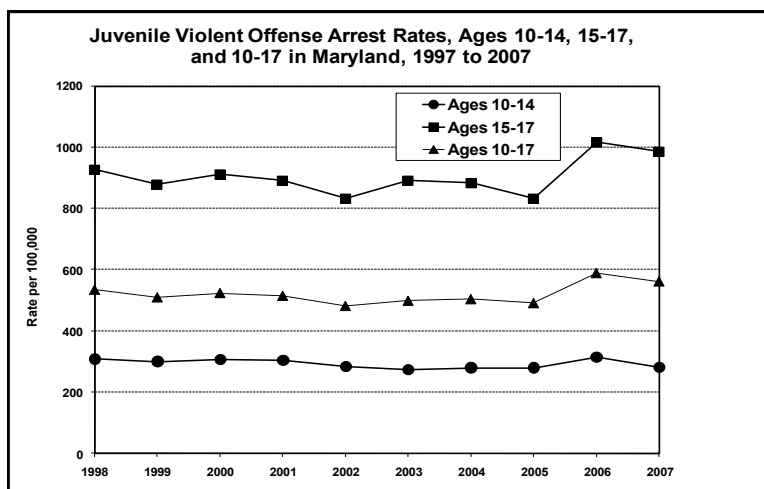
Additionally, the number of youth adjudicated (found responsible for the alleged offense) is an important correlate to juvenile arrest rates.

Story Behind the Data

Although the Juvenile Violent Offense Arrest Rates for all three age groups (10-14, 15-17, and 10-17) generally decreased or remained stable between 1998 and 2005, there was a significant increase in 2006. Intakes at the Department of Juvenile Services also increased during 2006 (DJS). Rates appeared to decrease again in 2007, although due to a different source of population data for the rate calculation for 2007, this can not be confirmed at this time. Careful study of the juvenile arrest rates, and related measures, over the next few years, will indicate if the recent decade's slight downward trend will continue, or if the recent increase is the beginning of a trend which would warrant further analysis of data and services.

Root causes of juvenile criminal behavior include:

- Early adolescent problems
- Lack of protective factors, such as adult involvement
- Academic failure
- Increase in risk factors—community, family, social, peer, individual



JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS

Indicator

The rate of arrests of youth ages 10-17 for serious non-violent offenses.

Definition

The rate of arrests, per 100,000 ages 10-17, for serious non-violent criminal offenses: Breaking or Entering, Larceny/Theft, and Motor Vehicle Theft.

Significance

Involvement in serious non-violent offense increases a youth's risk for further criminal activity and violence, both during adolescence and as an adult. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school and falling behind one or more grade levels, increases the likelihood of involvement in delinquent activity.

Baseline Data

JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS — Breaking or Entering, Larceny/Theft, and Motor Vehicle Theft (reported by calendar year)

Rate of Arrests, per 100,000 Youth Ages 10 - 17, for Serious Non-Violent Offenses - by Calendar Year, Maryland										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Age 10-14	1,370	1,235	1,204	1,064	1,004	1,098	1,142	973	980	957
Age 15-17	3,899	3,373	3,404	3,190	3,079	3,216	3,111	3,029	3205	3267
Age 10-17	2,278	2,012	1,993	1,826	1,751	1,869	1,871	1,758	1850	1873

2006—2007 Data Source

Crime in Maryland: 2006 Uniform Crime Report, Central Records Division, Maryland State Police, page 124.

Crime in Maryland: 2007 Uniform Crime Report, Central Records Division, Maryland State Police, page 124.

Data is available by age and classification of offenses.

For 2006 rate—population data: *Maryland Vital Statistics Annual Report 2006*, Vital Statistics Administration, Department of Health and Mental Hygiene (Table 4, page 62).

Data is available by age groups, regions, jurisdictions, and race.

For 2007 rate—population data: *Population by Age (Single Year), Race, Sex and Hispanic Origin-State Data, Maryland—July 1, 2007*, Maryland State Data Center, Department of Department of Planning, www.mdp.state.md.us/msdc/pop_estimate/estimate_00to07/CensPopEst00_07.htm.

Data is available by age, race, as well as by region and jurisdiction

Rate calculated by GOC staff.

Considerations

Population data used to calculate the 2007 rate was based on the Maryland Department of Planning data, while population data used in previous year's calculations was taken from the Maryland Department of Health and Mental Hygiene's *Maryland Vital Statistics Annual Report*.

The data used in calculating the rate of arrest may include repeated arrests of the same individual for different offenses within a given year.

Related Measures

Numbers and rates of youth referred to the Department of Juvenile Services (DJS) are related to juvenile arrest data, although some youth are referred to DJS from non-police sources. This data is available directly from DJS.

Additionally, the number of youth adjudicated (found responsible for the alleged offense) is an important correlate to juvenile arrest rates.

Story Behind the Data

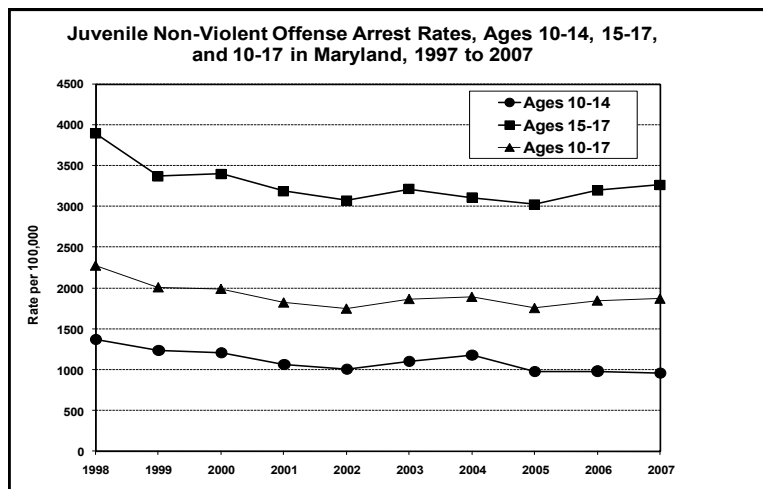
As with the Juvenile Violent Offense Arrest Rates, the Juvenile Non-Violent Offense Rate declined between 1998 and 2005. There was a slight increase in the Non-Violent Offense Arrest Rates in 2006, but these increases were less significant than seen in the Violent Offense Arrest Rates. The 2007 rates increased again for ages 15-17 but decreased for 10-14; both changes were relatively slight.

Causes of non-violent juvenile criminal behavior are often the same as the causes of violent juvenile criminal behavior:

- Early adolescent problems
- Lack of protective factors, such as adult involvement
- Academic failure
- Increase in risk factors—community, family, social, peer, individual
- Lack of family engagement
- Gang involvement
- Severe unmet mental health and/or educational needs

While the distinction between violent and non-violent crime is an important one in the legal system, a more important distinction in *treating* juvenile offenders is their risk of re-offending, which may be high for a youth who committed a non-violent crime but low for a youth who committed a violent offense. This determination can only be made through a thorough assessment of the youth's criminal history as well as social, economic, educational, physical, family, substance abuse, psychological, and other needs and strengths.

Assessing these criminogenic factors and risk of reoffending, tracking data on the needs of youth, increasing family engagement, and utilizing results-based and evidence-based programs are key components of Maryland's strategy to work with juveniles with both violent and non-violent arrests and adjudications.



DOMESTIC VIOLENCE

Indicator

Rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR).

Definition

The rate of victims (adults and minor children) receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR), per 100,000 households (estimated) in Maryland.

Significance

Domestic violence harms children by depriving them of a safe and stable home environment. Domestic violence between parents/caregivers increases the risk of abuse and neglect to children, and even children who experience no direct violence are greatly affected by witnessing such violence. Children who grow up in such environments exhibit a higher incidence of social, emotional, and behavioral problems than other children, and are at greater risk than other children for delinquency and mistreatment of their own children.

Baseline Data

DOMESTIC VIOLENCE (reported by state fiscal year)

Rate of Victims receiving Domestic Violence Services, per 100,000 households* - by State Fiscal Year, Maryland

1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
342	312	499	490	556	605	680	694	655	531

**Rate based on estimated number of households in Maryland*

2007 Data Source

American Fact Finder/American Community Survey, US Census Bureau, Table B1101.

Data is also available for 16 jurisdictions in Maryland (those with an estimated population greater than 65,000).

Unpublished data regarding number of individuals receiving services provided by the Office of Grants Management at the Department of Human Resources.

Rate calculated by GOC staff.

Considerations

Data from the US Census Bureau regarding the number of households in Maryland is used by the Maryland Department of Planning, and is consistent with data used in previous editions of this report. Data provided by the Office of Grants Management regarding individuals receiving domestic violence services includes both new and ongoing clients in FY 2007.

Data presented reflects only the number of individuals receiving domestic violence services funded by DHR; this data does not include those receiving services from privately funded organizations, or those who do not seek services. Conversely, this data may not account for clients who utilize domestic violence services from multiple community-based providers; the data may therefore include some duplicate entries.

Additionally, this data does not reflect the number of domestic violence incidents reported to the police.

Related Measures

Additional data on domestic violence can be obtained from the Maryland Judiciary website, which publishes aggregate data on protective orders issued by the District Court and Circuit Court (www.mdcourts.gov). Domestic violence data are closely linked with child physical and sexual abuse data as well.

Story Behind the Data

The rate of victims receiving domestic violence services grew from FY00 to FY05, by 39.1% (499 in FY00 to 694 in FY05). FY 06 and 07 mark the first years of decline since FY01. Again, though, as stated in the “Considerations” section, this Indicator measures the rate of victims (per 100,000 estimated Maryland households) who utilized domestic violence services funded by the Department of Human Resources. Caution must be taken, therefore, when interpreting this data. In FY 07, 11,090 new victims of domestic violence were served through the DHR funds.

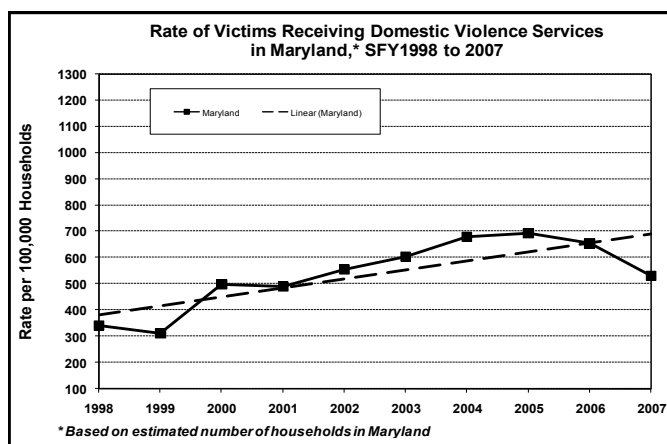
Root causes of domestic violence include:

- Family history of violence
- Cultural norms
- Societal pressures
- Economic conditions
- Community violence

Domestic violence is a power and control issue, resident within the abuser. Root causes are believed to include a history of domestic violence and child abuse within the family of origin and/or across generations, as well as social and cultural attitudes accepting of physical violence in intimate partner relationships. Abuse occurs across the socio-economic spectrum. Statistics show that the majority of domestic violence victims are female.

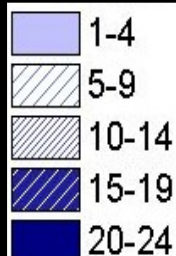
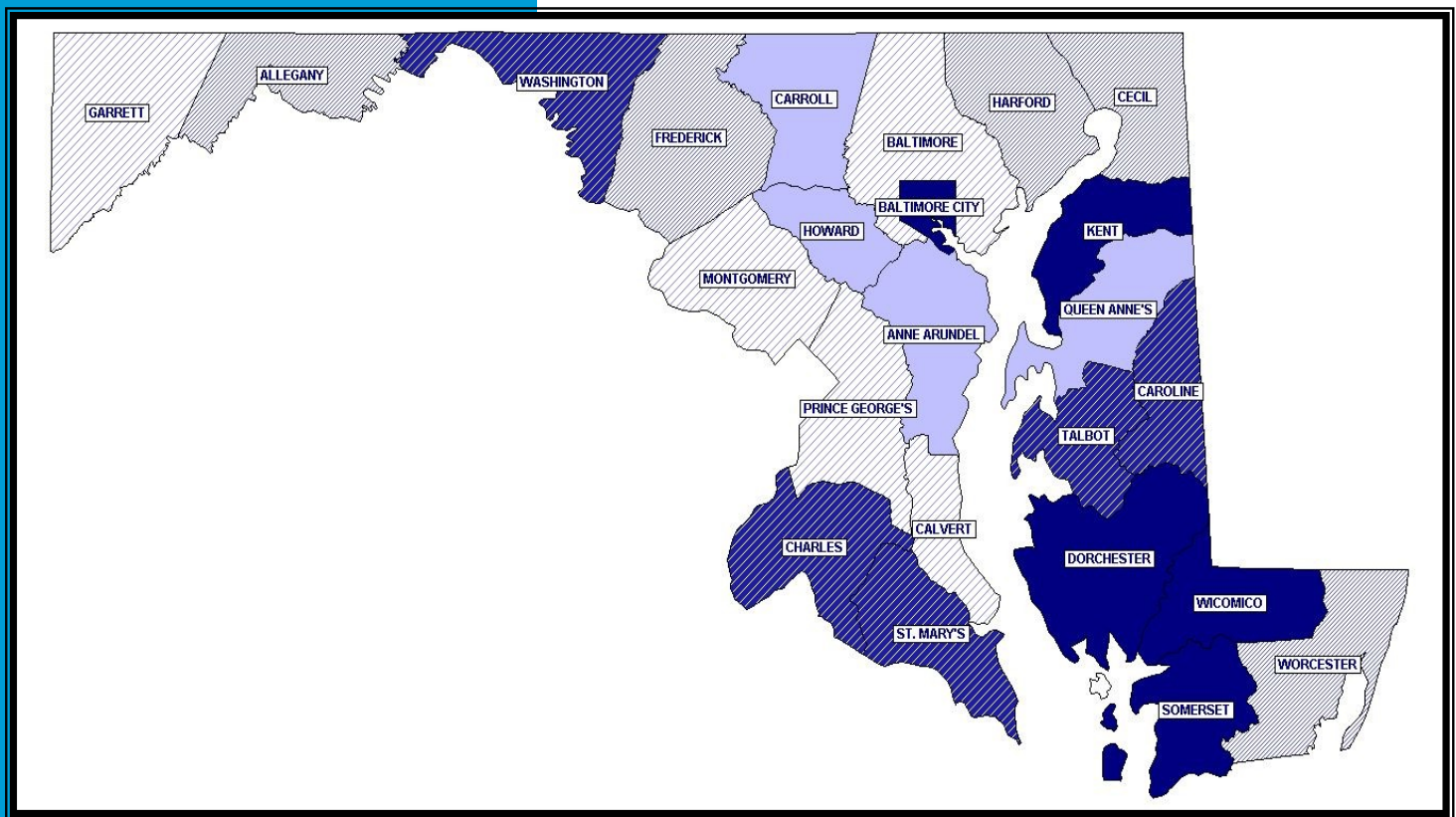
Professionals in the field say that on average, it takes seven attempts on the part of a victim to leave an abusive relationship; level of education, economic status, and availability of community resources to alleviate the crisis following abuse notwithstanding. However, once services have been obtained and a victim is aware of community resources—including having developed a safety plan—a victim is better prepared to leave and better prepared to protect him/herself and any dependent children.

In FY 2006 and 2007, outcome data indicate that 83% of domestic victims served by DHR programs had, at case closing, completed the appropriate steps to have a safety plan ready for implementation, if needed. These plans work to diminish the time it takes for an abused person to reach safety in the case where they encounter another abusive act. This is considered a reasonable rate of “success” in service provision.



STABLE AND ECONOMICALLY INDEPENDENT FAMILIES

JURISDICTIONAL RANKING



1-4 = highest /best
20-24= lowest/worst

Indicators Used to Determine Jurisdictional Rankings

(year of most current data and population)

Maryland Data

Child Poverty

(CY 2007, percent of children under 18 in poverty)

10.6%

Out-of-Home Placements

(FY 2007, entry rate per 1,000)

8.5

Permanent Placements

(State—FY 2008; Jurisdictional—3-year average; percent of foster children reunified or adopted)

Reunified—50.9%
Adopted—25.5%

Homeless Adults and Children

(FY 2007, rate per 100,000 residents)

652

STABLE AND ECONOMICALLY INDEPENDENT FAMILIES

INDICATORS



STABLE AND ECONOMICALLY INDEPENDENT FAMILIES INDICATORS:

CHILD POVERTY: The percent of children under 18 whose families have incomes below the poverty level.

SINGLE PARENT HOUSEHOLDS: The percent of all households that are headed by a single parent.

OUT-OF-HOME PLACEMENTS: The rate of children placed in out-of-home care.

PERMANENT PLACEMENTS: The percent of children who leave out-of-home care for a more permanent living arrangement.

HOMELESS ADULTS AND CHILDREN: The rate of homeless adults and children per 100,000 Maryland residents served by programs

CHILD POVERTY

Indicator

Percent of children under 18 whose families have incomes below the poverty level.

Definition

Related children under 18 whose families have incomes below the US poverty level, as defined by the US Office of Management and Budget. "Related children" include the householder's children by birth, marriage, or adoption under age 18, as well as other persons under 18 such as nieces or nephews, who are related to the family head. *(Current Population Survey (CPS) statistic)*

Percentage of children under 18 whose families have incomes below the US poverty level, as defined by the US Office of Management and Budget. *(Small Area Income and Poverty Estimate [SAIPE] statistic)*

Significance

Children who grow up in poverty are more likely to have unmet nutritional needs, live in substandard housing, experience crime and violence, lack basic health care, and have unequal access to educational opportunities.

Baseline Data

CHILD POVERTY (reported by calendar year)

Percent of Children Whose Families' Incomes Are Below the Poverty Level - by Calendar Year, Maryland and National										
Current Population Survey (CPS) - Percent of related children under age 18 in poverty										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Single Year (MD)	6.9	6.5	6.6	7.0	7.3	10.3	10.9	13.0	10.8	11.2
3-Year Average (MD)	12.2	8.9	6.7	6.7	7.0	8.2	9.5	10.4	9.3	11.7
National	18.3	16.3	15.6	15.8	16.3	17.2	17.3	17.1	16.9	17.6
Small Area Income and Poverty Estimates (SAIPE) - Percent of people under age 18 living in poverty										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maryland	12.6	10.1	10.7	9.4	10.1	11.5	11.1	10.9	10.1	10.6
National	18.9	17.1	16.2	16.3	16.7	17.6	17.8	18.5	18.3	18.0

2006-2007 Data Sources

Current Population Survey (CPS) Data

Maryland Data and National Data - Annual Social and Economic (ASEC) Supplement, Current Population Survey, U.S. Census Bureau, Tables POV46: Poverty Status by State, 2006 / 2007, Below 100% and 125% of Poverty -Related Children Under 18 Years of Age.

Data is available for all states, and for 125% of the Federal poverty level.

Small Area Income and Poverty Estimate (SAIPE) Data

Maryland and National Data - Small Area Income and Poverty Estimate, Small Area Estimates Branch, U.S. Census Bureau, Table 1: 2006 / 2007 Poverty and Median Income Estimates - States.

Data is available for all states, and includes data for all ages, ages 5-17, 0-4, and median household income.

Considerations

The standard error rate for CPS poverty data for Maryland in 2007 was $\pm 1.8\%$, while the standard error for the national data was only $\pm 0.3\%$, due to a larger overall sample size for the national data sample.

The 90% Confidence Interval for the SAIPE data was 17.9% - 18.2% for the national data, while the interval for the Maryland data was larger, at 10.0% - 11.2%. Again, this is due to the larger sample size used for the national data.

Due to different methodologies, although the two measures are related, they should not be compared directly.

Related Measures

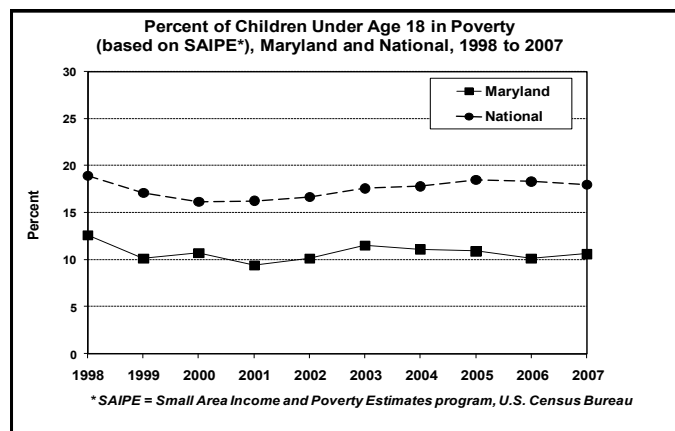
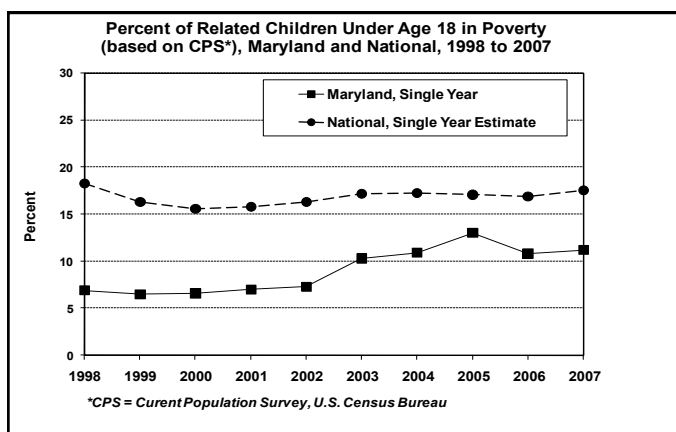
Additional measures of child poverty include enrollment data in programs such as the Free and Reduced Price Meals or Food Stamps. Related measures include single parenthood, low educational attainment, and part-time or no employment. The National Center for Children in Poverty offers some alternative methods for measuring poverty at www.nccp.org/publications/index_date_2008.html.

Story Behind the Data

The official federal poverty level reflects an austere level of existence: the 2005 poverty guideline for a family of 4 was \$19,350; for 2006, \$20,614; and for 2007, \$20,650. Available research suggests that children whose families are “near poor” (i.e. 150 - 200% of the federal poverty level) suffer significant disadvantages, compared to children in families who are better off economically.

According to the University of Michigan’s National Poverty Center, “Children represent a disproportionate share of the poor in the United States; they are 25 percent of the total population, but 35 percent of the poor population” (www.npc.umich.edu/poverty/). In 2007, according to the American Community Survey, there were approximately 5.83 million families with about 12.8 million related children under 18 living in poverty, meaning 17.6% of all children in the United States were living in poverty. This continues a steady upward trend since 2000. Almost thirty-nine percent (38.7%) of families with related children under 18 were living at or below 200% of the poverty limit in 2007. The 2008 federal poverty limit for a family of four is \$21,200 in the 48 contiguous states and The District of Columbia.

A significant factor bearing on child poverty is Maryland’s rising unemployment, after several years of relatively low joblessness. Starting with 3.6% average unemployment in 2000, the average rate increased to 4.1% for 2005, and dropped back to 3.6% in 2006. On an annual basis, Maryland was below the US average in unemployment during that time period. However, the unemployment rate in 2008 has been steadily rising, from 3.5% in December, 2007 to 5.1% in November, 2008. The national unemployment rate in November was 6.7% (Maryland Department of Labor, Licensing and Regulation; US Bureau of Labor Statistics).



SINGLE PARENT HOUSEHOLDS

Indicator

The percent of children in households that are headed by a single parent.

Definition

The percentage of children under age 18 who live in households headed by a person (male or female) without a spouse present in the home. Children who live in group quarters (for example, institutions, dormitories, or group homes) are not included in this calculation.

Significance

The number of parents living with a child is linked to the amount and quality of human and economic resources available to that child. Generally, single parenting implies that there is no immediate adult back-up to reinforce disciplinary lessons or family teachings, to provide an additional role model, or simply to share the load of care. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty level than are children who grow up in a household with two parents.

Baseline Data

PERCENT OF CHILDREN IN HOUSEHOLDS HEADED BY A SINGLE PARENT (reported by calendar year)

Percent of Children in Single Parent Households - by Calendar Year, Maryland and National							
	2001	2002	2003	2004	2005	2006	2007
Maryland	31	32	32	33	31	33	33
National	30	30	30	31	31	32	32

2006-2007 Data Sources

2006/2007 National and Maryland Data: B09005. Household Type for Children Under 18 Years in Households, 2006/2007 American Community Survey, US Census Bureau,

http://factfinder.census.gov/servlet/DTable?_bm=y&-ds_name=ACS_2006_EST_G00_-CONTEXT=dt&-mt_name=ACS_2006_EST_G2000_B09005&-redoLog=true&-geo_id=01000US&-format=&-_lang=en&-SubjectID=14829480.

http://factfinder.census.gov/servlet/DTable?_bm=y&-state=dt&-context=dt&-ds_name=ACS_2007_1YR_G00_-mt_name=ACS_2007_1YR_G2000_B09005&-tree_id=3307&-redoLog=true&-_caller=geoselect&-geo_id=01000US&-geo_id=04000US24&-geo_id=NBSP&-search_results=01000US&-format=&-_lang=en

Considerations

Jurisdictional breakdowns are not available. Caution is needed when interpreting estimates for less populous jurisdictions or areas with small subpopulations, where the sample size is relatively small.

The data for this variable--like all data from the ACS and the supplementary surveys--reflect annual averages of monthly data.

Related Measures

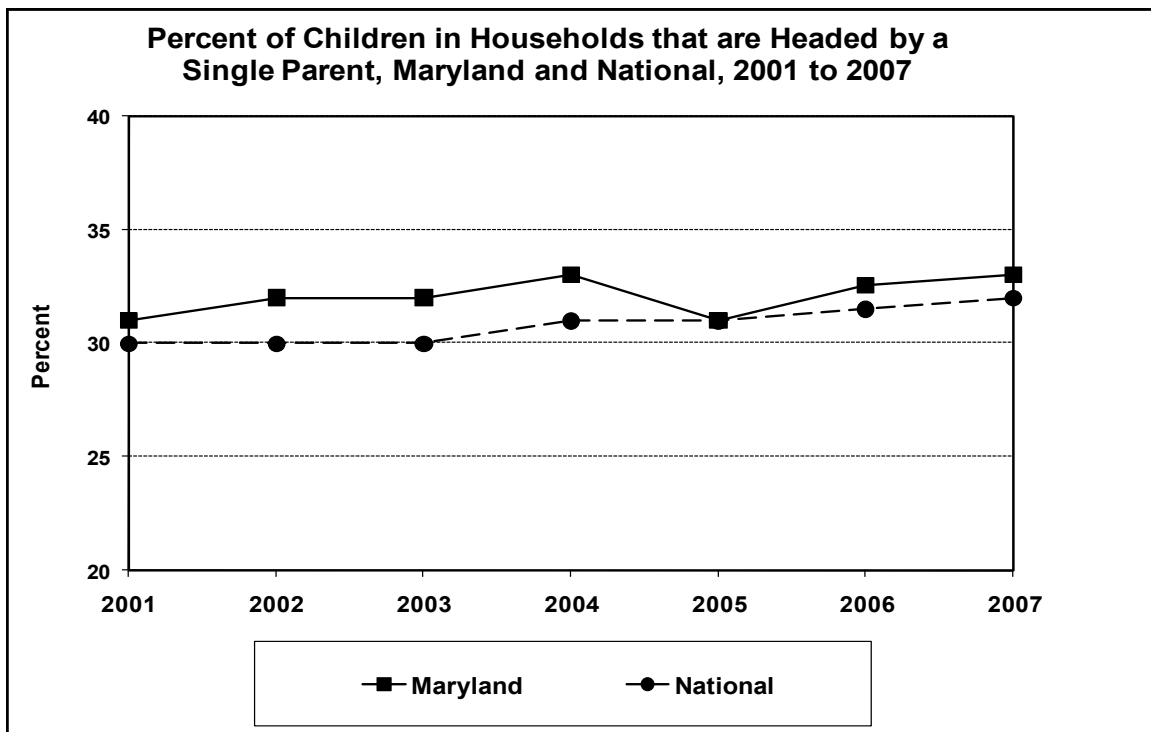
Current Population Survey (CPS) data from the US Bureau of the Census provide national figures annually for family structure and the percentage of children under age 18 by presence of parents in household. Two parent, mother only, father only, and no parent (e.g., children live with relatives or are placed in out-of-home care) breakdowns are available. State and jurisdiction breakdowns are not available.

Story Behind the Data

Perhaps the most controversial indicator that Maryland has chosen, single parenting, cuts across many social and economic issues facing the nation and Maryland, including concerns about rising divorce rates, increasing numbers of unwed births, child poverty, and juvenile delinquency.

For seven of the past eight years, Maryland has been slightly above the nation in the percentage of children living in single-parent households. Approximately one-third of Maryland's youth do so.

Maryland has focused on different aspects of the single parenthood challenge. Teen births often result in single parent families and the State is engaged in a number of strategies to reduce teen pregnancy. Also, Maryland's Department of Human Resources has focused efforts on supporting single parents and promoting responsible fatherhood.



OUT-OF-HOME PLACEMENTS

Indicator

Rate of children placed in out-of-home care.

Definition

Rate per 1,000 children placed into out-of-home placements by Maryland's public agencies for:

- foster care
- commitment to juvenile services
- treatment for mental health, substance abuse, developmental disabilities, and
- educational out-of-home placements.

Maryland agencies which either place or fund children in out-of-home placements are the Department of Human Resources, the Department of Juvenile Services, the Department of Health and Mental Hygiene (including Medical Assistance), and the Maryland State Department of Education.

Significance

Children need safe and stable homes in order to thrive. Out-of-home placements are utilized when less restrictive interventions have failed, and the safety and well-being of the child requires such a placement. These placements, therefore, represent children and families with the most intensive needs in Maryland. Some children experience multiple placements, thus losing stability and the opportunity to form meaningful long-term relationships with their caregivers.

Baseline Data

RATE OF ENTRY INTO OUT-OF-HOME PLACEMENTS - Per 1,000 children under age 18 (reported by state fiscal year)

Rate of Entry Into Out-of-Home Placements, per 1,000 Children (ages 0-18)*- by State Fiscal Year, Maryland										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maryland	12.2	12.0	11.9	10.9	11.2	10.9	10.1	10.1	9.7	8.5
<i>*Population denominator is children ages 0-18, but children placed includes some children through age 21</i>										
Costs of Out of Home Placements, In Millions of Dollars, Actual Costs - by State Fiscal Year, Maryland										
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maryland	412.5	459.6	497.3	515.8	552.7	576.0	621.8	643.1	720.4	765.0

2007 Data Source

Maryland Data - State Report on Out-of-Home Placements and Family Preservation: Fiscal Years 1998 Through 2007, The Governor's Office for Children on Behalf of The Children's Cabinet, 2008, www.goc.state.md.us.

Rate of entry is available by jurisdiction; raw data on the total number of placements per agency is also available.

Considerations

The population denominator used in determining the rate of entry is the population of children age 0-18. Three agencies, however, include some youth ages 19-21 in their placement data, due to the mandates of their agencies: the Department of Juvenile Services, the Department of Human Resources, and the Maryland State Department of Education.

Data used in the calculation of the rate of entry is provided by each placing/funding agency. As some youth experience multiple out-of-home placements per year through different State agencies, and some youth are co-committed or co-funded among agencies, there may be duplicative counts.

Related Measures

Maryland's Resource Plan for Out of Home Placements provides data and analysis regarding numbers of youth placed out of the home, and where these children are placed. This report is available at www.goc.state.md.us.

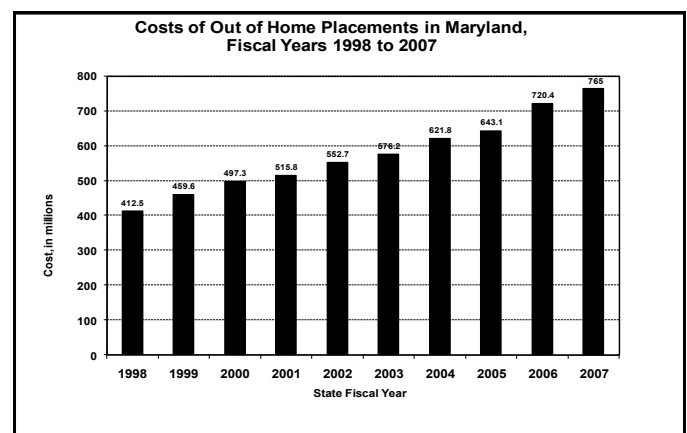
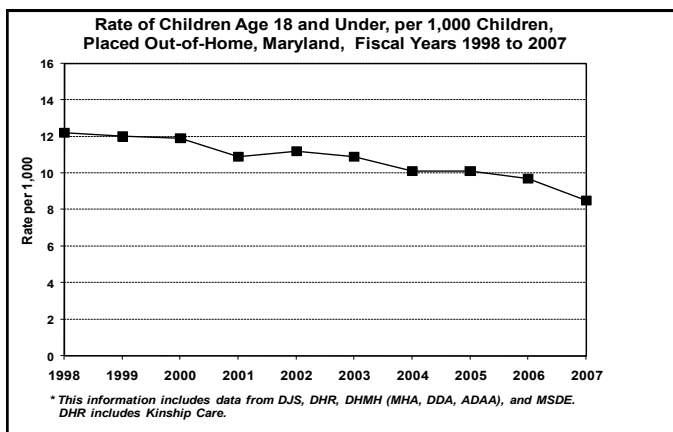
Story Behind the Data

Abuse and neglect, crime, and violence pose substantial risks to children and contribute to the need for children to be placed in alternative care. While substance abuse, serious mental health disorders, and developmental disabilities can often be treated while a child remains at home, at times there may either not be an appropriate home/caregiver for the child or the child's needs require out-of-home treatment.

The State continues to make efforts to treat children in their homes, or, when an out of home placement is necessary, to place children as close to home as possible. The Department of Human Resource's Place Matters initiative aims at maintaining children in their home through intensive in-home services, and placing children in their home jurisdictions (when possible) when the child can not safely remain at home.

The Children's Cabinet also provides funding to local jurisdictions, through the Local Management Boards, to prevent out of home and out of state placement for youth, again by providing intensive in-home and wrap-around services to children and families.

Unfortunately, one unintended consequence of providing in-home services to children in lieu of out-of-home placements is that those children remaining in out-of-home care are often are the children with the most severe and intense needs. These children may have severe mental health and/or substance abuse disorders, may have experienced severe abuse or neglect, and/or may have committed serious criminal offenses. Therefore, as the numbers in out of home placement may decrease, the level of services needed by the remaining out of home population increases.



PERMANENT PLACEMENTS

Indicator

Percent of children who leave foster care for a more permanent status (return home, known as reunification; or adoption) within a specified period of time in foster care.

Definition

Reunification: Percent of children who return home within 12 months of foster care placement (including kinship care).

Adoption: Percent of children who are adopted within 24 months of foster care placement (including kinship care). Adoption is defined by the number of children adopted or placed for adoption from Department of Human Resources (DHR) foster placement (including kinship care).

Significance

Children need stable care-giving. Research has shown that temporary foster care placements, often involving a number of different caregivers and settings, can be detrimental to children's healthy development.

Baseline Data

PERMANENT PLACEMENTS - Reunification within 12 months; Adoption within 24 months (reported by state fiscal year)

Percent of Children in DHR/DSS Custody, Reunified within 12 months, or Adopted within 24 months—by State Fiscal Year, Maryland and Federal Targets									
Reunification	2000	2001	2002	2003	2004	2005	2006	2007**	2008
Maryland	NA	NA	58.2	50.0	55.0	59.6	63.7*	N/A	50.9
Federal Target	76.2	76.2	76.2	76.2	76.2	76.2	76.2	76.2	76.2
Adoption	2000	2001	2002	2003	2004	2005	2006	2007**	2008
Maryland	28.5	33.1	26.8	25.8	20.1	23.6	24.2*	N/A	25.5
Federal Target	32.0	32.0	32.0	32.0	32.0	32.0	32.0	32.0	32.0

* Harford County data are not included in FY2006 due to DHR's conversion to MD CHESSIE.
 ** 2007 data not currently available due to conversion to MD CHESSIE.
 (DHR—Department of Human Resources; DSS—Department of Social Services)

2008 Data Sources

2008 Maryland Data: Maryland Child Welfare Performance Indicators, 2nd Annual Child Welfare Accountability Report, 2008.

Considerations

Children exiting foster care to guardianship are not counted as reunification or adoption, but may represent a positive outcome for many children leaving foster care. Guardianship placements offer children permanent placements, often with relatives or other familiar adults, and may offer minimal disruption in daily life, school assignment, neighborhoods, and peer relationships. For some youth, especially older youth, these placements may be preferable to adoption by a previously unknown family.

Related Measures

The Department of Human Resources tracks the number of youth placements in Foster Care Family Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. The Governor's Office for Children tracks youth in out-of-home care placed or funded by State agencies and Medicaid. The decennial census counts children who live away from their families in group quarters, in the child welfare system, correctional institutions, and mental health facilities.

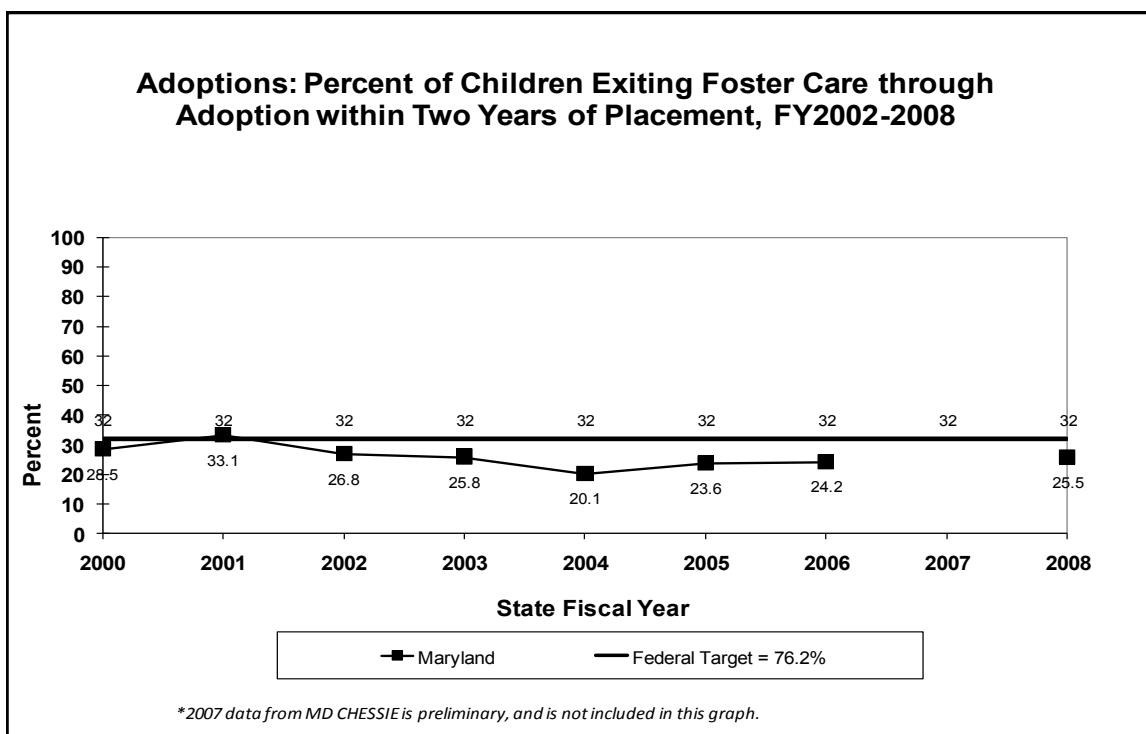
Story Behind the Data

Since 1980, states have been required to demonstrate "reasonable efforts" to provide assistance and services to preserve and reunify families; since the 1997 passage of the federal Adoption and Safe Families Act (ASFA), the emphasis has shifted to *time-limited* reunification efforts.

Likewise, ASFA has tightened requirements for states to apply for Termination of Parental Rights (TPR) and seek adoption for a child. Frequently, a Local Department of Social Services may be working to secure an adoptive family for a child, even before the TPR is official, due to the sometimes lengthy timeframe needed to achieve TPR. Indeed, foster care staff are generally required to focus on two permanency plans (known as concurrent permanency planning) to ensure that children remain in foster care no longer than necessary to promote their safety and well-being.

For both reunification and adoption data, 2007 data are unavailable due to conversion to MD CHESIE (the Department of Human Resources' new child welfare information system). Although Maryland's percentages of reunifications occurring within 12 months had been increasing between 2003 and 2006, they decline in 2008. The percentage of adoptions occurring within 24 months declined slightly from 2006 to 2008.

The State of Maryland has been working aggressively to increase the number of foster children who are adopted or placed for adoption. Additionally, the Department of Human Resources has initiated the Place Matters campaign, which aims at serving more children in family foster homes instead of residential/group care, and at placing children in or near their home jurisdictions.



HOMELESS ADULTS AND CHILDREN

Indicator

Rate of homeless adults and children per 100,000 Maryland residents served by shelter providers who report information to the Department of Human Resources (DHR).

Definition

Rate per 100,000 Maryland residents of homeless adults and children served by those shelter programs who report information to the State of Maryland DHR.

Significance

Families cannot achieve economic self-sufficiency without stable housing conditions. Children who are homeless tend to have poorer health and experience more developmental delays than children who are adequately housed.

Baseline Data

RATE OF HOMELESS ADULTS AND CHILDREN SERVED - Among homeless adults and children reported served, the rate receiving homeless services, per 100,000 Maryland residents (reported by state fiscal year)

Rate of Homeless Adults and Children Receiving Homeless Services, per 100,000 residents, as Reported to DHR — by Fiscal Year, Maryland										
Fiscal Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maryland	809	937	980	856	984	835	697	631	668	652

2007 Data Sources

2007 Data: Maryland via the Annual Survey on Homelessness Services, the Department of Human Resources/Community Services Administration, Office of Transitional Services.

Considerations

The number of people served is an unduplicated count of people served within, but not necessarily across, shelters. Also, those homeless individuals or families who do not go to shelters are not counted, which may account for a significant number of individuals and families. Services other than overnight stays, such as daytime drop-in services, referral services, food or clothing assistance, transportation assistance, and eviction prevention are not included in this report. Additionally, the report does not count turn-aways, those individuals that were not sheltered due to a lack of available bed space.

The data reported for this indicator focuses on people served in Maryland shelter programs that responded to the Annual Survey on Homelessness Services. Approximately 91.8% of known shelter providers in Maryland responded to the survey for FY07.

In January 2009, the Continuums of Care*, will conduct a point in time survey of the homeless. This survey will count persons living on the street, as well as persons living in government- and nongovernment-run homeless shelters. It will also include places that serve low-income and homeless persons who may not be able to access shelter services, such as food pantries and health services. The results of the survey will be used to supplement the DHR Annual Report.

**Continuum of Care is a geographic area that includes service providers for the homeless. These entities apply to the U.S. Department of Housing for funding to serve the homeless. In Maryland there are 16 Continuums of Care, covering all jurisdictions.*

Related Measures

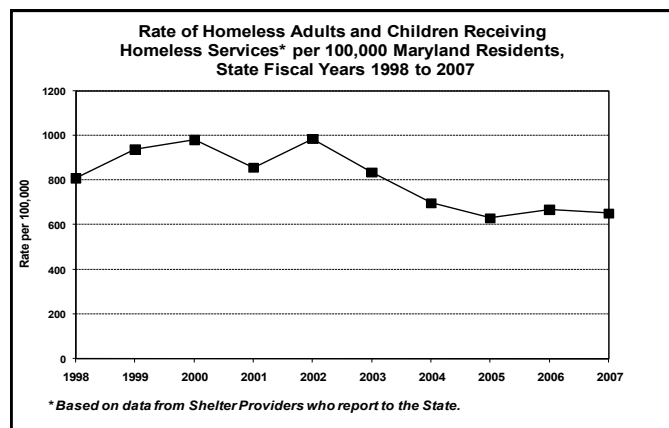
DHR also tracks other demographics of shelter-users: During FY 07, 40.5% were members of a family and 59.5% were individuals; 28.9% were under age 17; and 40% of shelter-users were women. Data from Baltimore City's shelter providers alter the percent-ages; without the City data, 50% of shelter-users are part of a family while 50% were individuals; 31.1% were under age 17; and 48% of the adults were women. Finally, the count of bed nights (the number of nights each shelter bed was occupied) is used as a measure to study the use of homeless shelters. In FY 2007, a total of 1,821,230 bed nights were reported. This is a decrease of 35,796 bed nights as compared to FY 2006. This indicator is the primary one DHR has been using for many years; however, it is not appropriate to use as an unduplicated unit of measure of homeless (as the same person may stay more than one night), but rather an accurate count of bed nights provided by shelters.

Story Behind the Data

The effort to track the number of homeless people during any period of time is at best imprecise. The number of people served trended downward from FY02 through FY05, but reversed direction in FY06. The average length of stay (LOS) remained the same in emergency shelters from FY05 to FY06, while the average LOS increased for motel units and decreased for transitional housing units. The overall average LOS decreased slightly. Shelter beds, while certainly vital to providing temporary shelter, are not a permanent solution to homelessness. When Maryland Continuum of Care entities were informally surveyed, they reported that as demand for beds increases shelter providers may have a tendency to move out of the shelter those who are not following their individualized case plans to make room for homeless people in immediate crisis. Those in immediate crisis are most often families with children.

The increasing lack of affordable housing is translating to ever greater numbers of homeless families and children. In 2007, the fair market rent for a two-bedroom apartment jumped to \$1,044. A family needs to earn \$41,747 annually to afford a two-bedroom apartment at the fair market rent in Maryland (affordable is considered 30% or less of income). This translates to needing to earn \$20.07/hour in order to afford to rent a two-bedroom apartment. (National Low Income Housing Coalition, 2006, www.nlihc.org/orr/orr2006). Families are increasingly unable to cover the cost of their utilities. The mortgage crisis caused by subprime lending, and rising unemployment also contribute to the upward trend in homelessness in Maryland and throughout the nation.

The Governor's Interagency Council on Homelessness has issued a *10-Year Plan to End Homelessness*. The Plan outlines a series of recommendations around key, central issues such as housing, income, and health in order to prevent and ameliorate homelessness on a permanent basis. The 10-Year Plan is available at: <http://www.dhr.state.md.us/transit/pdf/ich-plan.pdf>.



COMMUNITIES THAT SUPPORT FAMILY LIFE





The recommended approach in this result area is to compile information on the available services and supports that are known to be of value in promoting the health and development of children and the stability and self-sufficiency of families. In many cases, this information is only available at the local level; where there is a state-level source it is noted in the list below. This list is intended as a suggested base on which local jurisdictions can build in measuring how well they are supporting children and families in their communities.

- ◆ Prenatal Care: percent of live births for which prenatal care was initiated in the first trimester (see the Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration)
- ◆ Health Care: number of licensed health care professionals per 1,000 population, especially pediatricians, gynecologists/obstetricians, and family practice/general practice physicians (see DHMH for data)
- ◆ Child Care: number of slots of licensed centers and regulated family child care homes compared to the number of families with children in which the mother works (see the Maryland Committee for Children, Inc.)
- ◆ Preschool Programs, Public and Private
- ◆ Recreational Facilities and Enrichment Programs for Families, Young Children, School-Age Children, and Adolescents
- ◆ Adult Education and Training Programs
- ◆ Parent Education and Support Programs
- ◆ Access to Services: Waitlist information to identify gaps in community resources.



APPENDICES



HISTORY OF RESULTS AND INDICATORS

In 1996, the Governor's Task Force on Children, Youth, and Families Systems Reform was created in response to a growing desire by local jurisdictions to ensure a strong local role in setting policy that affects children and families. Additionally, the Task Force considered the differing and individual needs of Maryland's jurisdictions as they recommended policies and procedures for the systems reform initiative. The need for a results-based system was a strong theme throughout the work of the Task Force and was reflected in the public hearings held by the Task Force throughout the State.

The Task Force's Program Subcommittee originally proposed nine results. Each result area and its proposed indicators underwent intensive review and discussion by the Subcommittee and in 1997 by the Program Subcommittee's successor, the Results Workgroup. Both groups had representation from the State and local levels, public and private members, including county public health officials, county social service employees, local school system staff, local management board members, advocates and State agency staff.

In the fall of 1998, the Outreach Workgroup was formed to gather further public opinion about the proposed nine results. Following this review, one result (Healthy Adults) was dropped due to insufficient data demonstrating its direct connection to and impact on child and family well-being. In January 1999, the remaining eight results were adopted, forming the basis of Maryland's Results for Child Well-Being.

The chosen results capture the quality of life for children and families in Maryland. Progress toward each result is determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, the State and local jurisdictions are able to evaluate the effectiveness of service delivery to children and families. In order to uniformly assess the usefulness of suggested indicators, the Task Force developed the following criteria to select Maryland's twenty-five indicators:

- The indicator is directly related to the well-being of children, families or communities in each specific result.
- The indicator is well measured. In other words, it applies to all or most of the relevant population and is collected in ways that support data reliability and validity.
- Data on the indicator are readily available from public sources.
- Data on the indicator are available at the State and local level.

Across the nation, three to five indicators are usually accepted as a manageable number of measures per result area. The number of indicators is crucial; other states have shown unsuccessful shifts to results-based accountability, in part, by selecting too many indicators. As other indicators are considered in the future, the task of monitoring and analyzing them will continue with public input. It is the intent of the Children's Cabinet that the core set of indicators will be modified as necessary. By adopting the results and indicators featured in this book, Maryland is able to move forward with the national trend of utilizing results-based accountability for programs and services.

Maryland's effort has been part of a national movement toward result-based services and accountability for outcomes. Using Maryland's Results and Indicators, the Children's Cabinet, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through the collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local area.

RESOURCES

The following is a listing of the websites of many of the organizations referenced in the publication:

Annie E. Casey Foundation's Kids Count	http://www.aecf.org/kidscount
Centers for Disease Control and Prevention	http://www.cdc.gov
Department of Health and Mental Hygiene (DHMH)	http://www.dhmh.state.md.us
DHMH, Community Health Administration	http://www.cha.state.md.us/olh/html/hip.html
DHMH, Family Health Administration	http://www.fha.state.md.us
Department of Human Resources (DHR)	http://www.dhr.state.md.us
Department of Juvenile Services (DJS)	http://www.djs.state.md.us
Federal Interagency Forum on Child and Family Statistics	http://www.childstats.gov
Governor's Office for Children (GOC)	http://www.goc.state.md.us
ImmuNet	http://www.mdimmunet.org
Maryland Network Against Domestic Violence (MNADV)	http://www.mnadv.org
Maryland State Department of Education (MSDE)	http://www.marylandpublicschools.org/msde
MSDE, Maryland Report Card	http://www.mdreportcard.org
National Center for Children Exposed to Violence	http://www.ncccev.org
National Center for Children in Poverty	http://www.nccp.org
National Center for Education Statistics	http://www.nces.ed.gov
National Center for Health Statistics	http://www.cdc.gov/nchs
National Low Income Housing Coalition	http://www.nlihc.org
National Mental Health Association	http://www.nmha.org
National Technical Assistance Center on Positive Behavioral Interventions and Supports	http://www.pbis.org
PBIS Maryland	http://www.pbismaryland.org
University of Michigan National Poverty Center	http://www.npc.umich.edu/poverty/
US Bureau of Labor Statistics	http://www.bls.gov
US Census Bureau	http://www.census.gov
US Department of Health and Human Services, Administration for Children & Families	http://www.acf.hhs.gov



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